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ABSTRACT

The purpose of the workshop on rehabilitation casework standards for the deaf was to provide an opportunity for specialized counselors to discuss common problems and possible solutions. A major outcome of the workshop was the establishment of a professional association, Professional Rehabilitation Workers with the Adult Deaf. The workshop was organized around six topics: (1) case finding and referral, (2) preliminary case survey, (3) case study, (4) vocational rehabilitation diagnosis, (5) planning goals and services, training and higher education, and (6) provision of services and counseling. Papers presented on each of these topics, with commentaries and discussion summaries, are included in the report. Most of the workshop participants were rehabilitation counselors who specialized in work with deaf clients, and most of the State vocational rehabilitation agencies were represented. Appended are the bylaws of the professional association, counselor training programs, and a listing of workshop participants. The document is a reissue of the original report, as it continues to be in heavy demand as the main basic guide for effective vocational rehabilitation services to one of the most severly handicapped groups. The latest bylaws were substituted for the original and the demographic statistics brought up-to-date. (MF)

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THE VOCATIONAL REHABILITATION OF DEAF PEOPLE

A REPORT OF A WORKSHOP ON REHABILITATION CASEWORK STANDARDS FOR THE DEAF

U.S. DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE
Social and Rehabilitation Service
Rehabilitation Services Administration

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THE VOCATIONAL REHABILITATION OF DEAF PEOPLE

A REPORT OF A WORKSHOP ON REHABILITATION CASEWORK STANDARDS FOR THE DEAF

St. Louis, Missouri

May 23–27, 1966

Stephen P. Quigley, Editor

Sponsored by

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U.S. DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE
Social and Rehabilitation Service
Rehabilitation Services Administration
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This document is dedicated to the memory of Beatrice Lamb, creative, capable, inspiring colleague who shared in the exciting task of developing these guidelines and in many ways contributed importantly to the gathering momentum for effective vocational rehabilitation of deaf persons.

This training Workshop on Rehabilitation Casework Standards for the Deaf was supported in part by Training Grant No. VRA 66–42 from the Vocational Rehabilitation Administration, U. S. Department of Health, Education, and Welfare, Washington, D.C.

TABLE OF CONTENTS

Foreword v
Preface vii
Introduction ix

Chapter I. The Vocational Rehabilitation of Deaf Persons 1
Stephen P. Quigley

Chapter II. Case Finding, Referral, and Preliminary Survey 5
Geno M. Vescovi

Commentary on Case Finding 15
Robert G. Sanderson

Preliminary Case Survey 16
Douglas J. N. Burke

Commentary on Preliminary Case Survey 29
Richard K. Johnson

Summary of Discussion 32
Richard K. Johnson and H. W. Hoemann

Chapter III. Case Study 37
William E. Davis

Commentary on Case Study 44
Roger M. Falberg

Summary of Discussion 53
William E. Woodrick and Clifford A. Lawrence

Chapter IV. The Vocational Rehabilitation Diagnosis ... 59
Alan B. Jones

Commentary on Vocational Rehabilitation Diagnosis 64
Larry G. Stewart

Summary of Discussion 65
Jerome G. Alpiner and Richard E. Walker

Chapter V. Planning Goals and Services for the Deaf 71
Beatrice Lamb

Commentary on Planning Goals and Services for the Deaf 76
Edna P. Adler

Summary of Discussion 81
Glenn T. Lloyd and Arthur O. Washburn

Chapter VI. Provision of Services 87
Harry W. Troop

Provision of Services—A Critique 94
Don G. Pettingill

Summary of Discussion 102
Gary D. Blake and Norman L. Tully

Appendixes: A. Organization of Professional Workers for the Adult Deaf 109

B. Special Programs for Training Vocational Rehabiliation Counselors to Serve Deaf Clients 121

C. Workshop Participants 125

References 132

FOREWORD

It is a great satisfaction to the Vocational Rehabilitation Administration and to me personally to witness in this document the growth in effective vocational rehabilitation services for deaf people. The dedication to Beatrice Lamb is particularly appropriate as she is an example of the unstinting services that have moved us ahead.

There is encouragement in the knowledge that dedicated counselors are applying special skills to reduce the handicapping aspects of deafness, to bring to deaf people greater employment opportunities through more and better vocational rehabilitation services. The misunderstandings that have long engulfed deaf people are lifting as we uncover their capacity and ability to make substantial contributions not only for their own enrichment but for the larger society, too.

It was fitting that this Workshop on Rehabilitation Casework Standards for Deaf People should have been the occasion for the establishment of the Professional Rehabilitation Workers With the Adult Deaf. The two are intertwined in their purpose to increase sharing of knowledge of the needs of deaf people and how they may be met.

The Vocational Rehabilitation Administration was pleased to have had a part in this workshop which promises to carry much further in important developments vocational rehabilitation services for the deaf. My special thanks go to the sponsoring institution, the University of Illinois, the planning committee, and to all those persons who did so much to make this document possible.

MARY E. SWITZER,
Commissioner of Vocational Rehabilitation

PREFACE

The Rehabilitation Services Administration is pleased to re-issue "The Vocational Rehabilitation of Deaf People." It continues to be in heavy demand as the main basic guide for effective vocational rehabilitation services to one of our most severely handicapped populations. The many State vocational rehabilitation workers who have entered the program during the large expansion of recent years will find it a valuable, reassuring reference.

We have kept the original issue relatively intact, including the warm words of my predecessor and long-time champion of better vocational rehabilitation services to deaf clients, Mary Elizabeth Switzer, Commissioner of the Vocational Rehabilitation Administration. The latest By-Laws of Professional Rehabilitation Workers With The Adult Deaf are substituted for the original and demographic statistics are brought up to date.

As we move forward into making the decade of the seventies the most fruitful growth years for the vocational rehabilitation of our deaf people, this document will be found to have fundamental values for caseworkers and their associates.

Edward Newman

EDWARD NEWMAN,
Commissioner.

INTRODUCTION

For the past 10 years the Vocational Rehabilitation Administration has been deeply involved in striving to improve the casework services available to deaf people. Part of this effort has involved the idea that rehabilitation counselors with deaf people need to have a number of special skills in addition to being trained counselors. These skills are needed because of the unique communication and language problems of deaf persons, particularly those who are prelingually deaf. This effort on the part of the Vocational Rehabilitation Administration has increased the number of counselors specializing with deaf clients from a handful throughout the country a few years ago to probably well over 100 at the present time.

The growth in the number of counselors specializing with deaf clients has been attended by a number of problems. The fact that the counselors are thinly scattered throughout the country has made communication difficult and has hindered the development of a common body of knowledge about the rehabilitation problems of deaf clients. The St. Louis workshop represented an attempt to alleviate this problem. Its major purpose was to provide specialized counselors with the deaf an opportunity to discuss common problems and possible solutions.

A major outcome of the workshop was the establishment of the organization Professional Rehabilitation Workers with the Adult Deaf. The establishment of this organization had been a subject for discussion among counselors with the deaf for quite some time. The St. Louis workshop made it possible for most of the special counselors in the country to meet together and to organize themselves into a professional association. Additional information on the PRWAD is contained in an appendix to this document.

The workshop was organized around six topics: (1) case finding and referral; (2) preliminary case survey; (3) case study; (4) the vocational rehabilitation diagnosis; (5) planning goals and services, training and higher education; and (6) provision of services and counseling. A speaker was asked to prepare a paper on each topic. These papers were duplicated and distributed to the workshop participants several weeks prior to the meeting. Each topic also was assigned a critique speaker. At the workshop, the speaker presented a brief summary of his paper which was then discussed by the critique speakers. The critiques also were distributed to the workshop participants prior to the meeting. Following the papers and the critiques, the participants met in discussion groups on each of the topics. The participants stayed with a particular discussion group throughout the meeting.

Most of the participants in the workshop were rehabilitation counselors who specialized in work with deaf clients. An attempt was made to obtain representation from all State vocational rehabilitation agencies and the attempt was largely successful. In order to supply the counselors with specialized professional help during their discussions, an audiologist, a psychologist, a social worker, and an educator were assigned to each discussion group. These persons served as resource people for the counselors.

The success of the workshop was due to the efforts of many people. The planning committee, James Whitworth, Chairman, Allen Jones, Robert Lauritsen, Farrell Mitchell, Geno Vescovi, and Boyce Williams, deserves much thanks for their sustained efforts. Special thanks are due also to Donald Hagness who performed most of the staff work on the project. Many people helped with the editorial work on the proceedings of the workshop and it is hoped that this document adequately represents their efforts.

Stephen P. Quigley

I. THE VOCATIONAL REHABILITATION OF DEAF PERSONS

Stephen P. Quigley

This section of the report is included to provide a brief background on the extent and severity of the problem of providing adequate vocational rehabilitation counseling for deaf persons, and to list the most important special skills which the conferees considered the counselor needs in order to perform adequately with deaf clients. It provides some information on the deaf population in the United States, their rehabilitation problems, and some of the counseling skills needed to deal with those problems.

A. *The Deaf Population in the United States*

A deaf person for the purposes of this report is considered to be one whose primary receptive channel of communication is visual, with hearing functioning primarily as a supplementary channel. Using such a definition of deafness, various estimates have placed the number of adult deaf persons in the United States at approximately 450,000.[a] These estimates usually are extrapolations from small scale studies and so must be accepted with caution; however, the consistency of a number of differently obtained estimates lends some credence to the figures.

The number of children in schools for the deaf can be more reliably reported. According to the *American Annals of the Deaf* (January, 1966) there are approximately 35,000 children in schools for the deaf throughout the United States. These estimates are collected each year by a survey of schools and classes for the deaf in the United States and can be accepted as reasonable approximations of the extent of the educational problem.

B. *Rehabilitation Problems*

Some of the characteristics of deaf students which are relevant to vocational rehabilitation are fairly well known. Of most direct interest are data on the language level of these students. A number of studies have indicated that the majority of deaf students terminating school (usually between the ages of 16 and 19) have educational achievement levels on standard tests of lower than the sixth grade. The reported reading levels, which are of more importance than the total achievement level, are even lower. Even these figures, distressing though they be, do not fully describe the language problem of deaf persons. Any individual who works with deaf people will eventually be impressed by the oftentimes strange structure of their written language. The written language is probably a better index of the language problems of the deaf than educational achievement or reading scores. Reliable data on the language problems of deaf adults are not available. However, it is reasonable to assume that the language level is no higher than for deaf students terminating school. It can be seen, therefore, that the language deficit of deaf persons is a major problem in both education and rehabilitation.

---

[a] National Census of the Deaf, Halex House, 814 Thayer Street, Silver Spring, Maryland.

Closely allied with the language deficit of deaf individuals, and of direct relevance for vocational rehabilitation, is the problem of communication. While the use of amplification, auditory training, lip-reading, and speech teaching have undoubtedly improved the oral communication skills of deaf persons, such skills remain a relatively unstable and often unsatisfactory means of communication for most. For many, they have little value.

It should be realized by the vocational rehabilitation counselor that the majority of deaf adults in this country, and probably the majority of older deaf students, regard manual communication as their primary mode of communication. For most, this means communication in the language of signs with fingerspelling used as a supplement. The combination of the language problem and method of communication are the major, but by no means the only, unique factors which the vocational rehabilitation counselor must face in the rehabilitation of deaf persons as compared to other types of disability.

Another problem which should be mentioned is that of assessment. Assessing the strengths and limitations of a client for the purpose of providing satisfactory placement is a major responsibility of the vocational rehabilitation counselor. With deaf clients this presents a particular problem. Most assessment is performed through the use of various types of standardized psychological and educational instruments. The problems and limitations in the use of these instruments with deaf clients have been documented by a number of investigators. Even when used by a well trained psychologist who also is knowledgeable in the problems imposed by deafness and proficient in communicating with deaf persons, the value of many of these instruments in assessing the potential of deaf clients is open to serious question. Close examination indicates that, in too many instances, the instruments are merely indirect measures of the language and communication problems of the person who is deaf.

Underemployment has been discussed and documented in a number of publications as the most serious occupational result of profound deafness. The percentage of deaf persons employed in skilled and semi-skilled occupations is much greater than for persons with normal hearing while the percentage in professional occupations is much lower. This situation exists in spite of the fact that most of the recent studies of the intelligence of deaf persons indicates that it is similar to that of persons with normal hearing. The difference in occupational distribution is likely due, to a large extent, to the language, communication, and educational problems of deaf people. It is possible, however, that some of it is due to low expectation levels for deaf persons on the part of educators and counselors, and to the lack of counselors who are skilled in working with the problems of those who are deaf.

C. *Counseling Needs*

The language, communication, and educational problems imposed by deafness; the difficulty in adequately assessing the potential abilities of deaf persons; and the persistent problem of providing occupational placement commensurate with ability indicate the unique skills which a counselor with the deaf must have. While many suggestions are made by the conferees in this report in relation to rehabilitation standards and counselor skills, several key recommendations concerning the counselor for the deaf kept recurring throughout the conference. These are skills and knowledge which the conferees considered a counselor must have in order to function adequately with deaf clients.

1. The conferees considered the single most important skill for the counselor to be the ability to communicate with the deaf client by whatever means is most suitable for the client. For many clients this means the counselor must be proficient in the use of manual communication—the language of signs and fingerspelling.
2. The counselor should have a thorough knowledge of the psycho-social, educational, and vocational problems imposed by profound deafness.
3. The counselor must be fully aware of the limitations of many existing psychological instruments when they are applied to the assessment of the various abilities of deaf persons.
4. The counselor for the deaf must regard adequate placement of the deaf client as his primary goal. Placement on any job which happens to be available only serves to per-

petuate and aggravate the major occupational problem of deaf people—the problem of being forced to function in occupations which are on a level far below their actual potential.

While these four points are made repeatedly throughout this document, they have been singled out here to give them the emphasis which the conferees intended they should be given. In addition to these particular skills and knowledge, the conferees expressed their conviction that the counselor of the deaf should also have all of those skills which are possessed by the qualified general counselor. It was recognized by the participants at the conference that the problem of adequate communication with the client and a thorough knowledge of the problems imposed by profound deafness are so over-riding that in many instances persons must be employed to function as counselors who do not possess general counseling skills. The Vocational Rehabilitation Administration has long recognized this problem and has acted to alleviate it. Programs have been established which provide for the preparation of specialized counselors for the deaf. Also, a variety of programs ranging from several days to several months in duration are available which provide orientation to deafness for qualified counselors who lack this specialization. These programs are listed in the appendix. Expansion of these programs and the addition of others is likely to hasten the day when counselors are widely available who possess both the necessary counseling skills and the special skills for working with deaf clients. It was the hope of the conferees that day would come soon.

II. CASE FINDING, REFERRAL, AND PRELIMINARY SURVEY

Geno M. Vescovi

Today there are public vocational rehabilitation agencies in each of the 50 States, the District of Columbia, Puerto Rico, Guam, and the Virgin Islands. Each agency differs importantly in philosophy, scope, structure, operation and practice. Many of them have different conceptions of the meaning of *"rehabilitation."* It is very doubtful that the total caseload of any one of these agencies during any one fiscal year in the past has included more than 2% of *deaf* clients.

It may seem very presumptive of us, then, to make bold in trying to establish guidelines for State vocational rehabilitation agencies so that they may better serve their deaf clients.

But, at present in the field of rehabilitation there is growing evidence that more and more rehabilitation agencies have shifted, or are shifting, towards the *Needs of the Disabled Individual* concept (Porter, 1961) and, therefore, are less frequently asking, "How many and which types of disabled clients is it most practical and profitable for our agency to attempt to rehabilitate?", but instead are more frequently asking,

> "How do we know when our program of service encompasses all necessary considerations? We must know and familiarize ourselves with the multiple plights of individuals handicapped by (physical and mental) disorders to ensure this position." (Teegarden, 1961).

They also now ask, "How *knowledgeable, specialized* and *professional* must we strive to be in order to serve the disabled according to individual need?"

We can hope, then, that in the near future there will be one basic *concern* and one basic concept of rehabilitation that all agencies will readily subscribe to, perhaps in the following pattern:

> *Concern*—"The basic concern of rehabilitation is not professions, techniques, facilities, program, nor agencies; it is people." (Hamilton, 1966)
>
> *Concept*—"Rehabilitation is an individualized process in

> which the disabled person, professionals and others through the comprehensive, coordinated and integrated services, seek to minimize the disability and its handicapping effects and to facilitate the realization of the maximum potential of the handicapped individual." (NRA, 1965)

We should feel confident, then, that our attempt during the workshop to develop effective guidelines for State rehabilitation agencies better to serve deaf clients, even if the deaf, numerically, constitute less than 2% of a representative agency's caseload, will be met with genuine encouragement, understanding, concern, and sincere interest.

Case Finding, The First Step In The Rehabilitation Process

A. *Definition*

What may be a good casefinding method for one State agency or even part of a State agency may not be applicable elsewhere. Consequently, current definitions of casefinding are basic and fundamental and open to various interpretations.

A sound casefinding program involves practices which are geared to:

> "Public education and information, acquainting the public with the objectives and services of the agency;
> "Reaching the disabled through any media available to the agency and similarly acquainting them with such objectives and services;
> "Interpreting the same objectives and services to community resources which normally serve disabled persons, among others, in their service program. Some continuous procedure must be involved because of agency personnel turnover;
> "Constantly promoting the development and maintenance of specific channels for helping the disabled to reach the agency." (Ogles, 1961)

These casefinding factors relate to the concept that every disabled person is entitled to know about and be considered for vocational rehabilitation services according to his needs and interests. This implies that effective services, including casefinding, must involve close coordination of the relationship between the referred client and his family, the agency, the counselor, other community agencies, and the general public (Olshansky and Margolin, 1963). Further, effective coordination of this relationship in casefinding is an essential precondition for the effective and relevant administration of other services such as diagnosis, training, etc.

A State agency may have great professional potential for working with any degrees of disability. This potential remains largely undeveloped, however, if it cannot attract and seek out, or otherwise recruit, a more heterogeneous clientele.

B. *Counselor-Agency Responsibility and Practice in Casefinding and Referral*

Who has the main responsibility for casefinding and referral in a representative State agency? Porter suggests that it is the *counselor:*

> "Typically, each counselor carries a caseload of clients to each of whom he relates from referral to case closure." (Porter, 1961)

Again, that the counselor is the one expected to shoulder the brunt of casefinding responsibility is implicitly understood from the following suggested "techniques" of good casefinding. Counselors are advised to:

> "Be constantly alert for new referrals from all possible sources; establish referral procedures that will contain the degree of simplicity, convenience, and consistency which will permit the effectiveness in maintaining a continuous flow of cases; provide the referring agency with prompt and definitive information about the acceptance or rejection of the referral in a manner satisfactory to all personnel involved; periodically analyze sources of referral in order to ensure a balanced intake from all sources; maintain records that are adequate for evaluation, follow-up and research." (Thomason and Barre H, 1959)

Though the responsibility is his there is little doubt that the counselor, with all his other casework and administrative responsibilities, just cannot perform all of these techniques for each disability he works with, not adequately anyway.

C. *The Agency*

Experience suggests that some State rehabilitation agencies try to relieve the counselor of some of his casefinding duties. They employ public relations people. Some develop full public relations programs. Whichever is the case, the public relations man and the public relations program are rendered superficially effective or often inadequate by the same factors that limit the counselor, i.e., too little time and opportunity to meet, know, mingle and work with the disabled individual client, his family, and other groups and professionals who are important to the client; too little knowledge in depth of almost any given disability, especially of those disabilities which, collectively, are comparatively few in number. Hence, the techniques used reflect, often, the notion that the agencies think all disabled people have homogeneous characteristics, needs, interests, problems, etc.

There are two other important issues which bear importantly on the State agency's responsibility in organizing a good casefinding program: (1) the national "image" of rehabilitation which adversely affects most agencies; and (2) lack of communication and understanding between state agencies and other professional community agencies and organizations. Of the former, Dishart raises the point that:

> "We speak as though rehabilitation were 'all or none.' We call our number of placements 'successes'; and by omission we encourage others to assume that anything less than a placement is a failure. Such an image hurts us. More important it is not true." (Dishart, 1966)

Here the agency is seen as being "labor" oriented *only*. Potential community referral sources or disabled clients needing other than job-training or placement, unless either is more than passingly familiar with the State agencies range of varied services, will tend to bypass the agency.

Olshansky suggests the viewpoint that State rehabilitation agencies, being public and tax supported and having the responsibility of serving disabled people who often are considered to be "stigmatized," themselves suffer from stigmatization.

> "Recruitment of clients, when not based on legal coercion or absolute necessity, is likewise difficult. One result of this latter fact is that these stigmatized services, such as a sheltered workshop or a vocational rehabilitation agency, deal by and large with a "left-over" population of the discredited." (Olshansky, 1965)

This view emphasizes the suggestion that many State agencies are circumscribed in their casefinding activities because by omission or commission, their casefinding activities attract or solicit too many disabled persons who are minimally, if at all, "interested in participating in their own rehabilitation." (Olshansky, 1965)

Some State agencies are shunned by the financially poor disabled and by nonfinancially poor persons. The former conceive of a State agency as being akin to the Internal Revenue Services' investigative unit. What little money they have they do not want taken from them. The latter conceive of a State agency as a helper of the poor only. Both may need and are eligible for services, but will not approach, or once having approached, will not return to the agency. The reason: the financial inventories agencies must take of clients before they can pay for certain services for clients.

The second issue, i.e., lack of communication . . . suggests that State rehabilitation agencies should not only *use* community sources of referral (agencies, institutions, groups, etc., coming in contact with the disabled) but *aid* them in furthering *their* objectives through understanding of their *interests, functions,* and *limitations* (Reece, 1961).

Lack of "such understanding generates mutual negative criticism which, though legitimate because it springs from conviction, albeit, unwarranted conviction, is decisive and makes for poor interagency cooperation. Hence, good cross referral between agencies is not possible."

The Deaf—A Definition

All State agencies use two "Codes" to identify deaf referrals. They are:

1. Code 83. These are termed "Deaf, unable to talk readily, hearing too defective to interpret normal or amplified conversation through the ear";
2. Code 84. These are termed "Deaf, able to talk readily, hearing too defective to interpret normal or amplified conversation through the ear.

The rehabilitation counselor understands "profound deafness" on audiograms as average loss in the better ear of 75 decibels or more for pure tones in the critical speech frequencies of 500, 1000, and 2000 cps. A loss between 55–75 decibels in the better ear over the same frequency range is termed "the twilight zone" in which can be found some profoundly deaf and some hard of hearing persons. The "rule of thumb" is used to distinguish between the deaf and the hard of hearing in this "zone": if a client relies primarily on his eyes for receiving communication he is probably deaf; if his ears are effective enough for him to understand amplified or loud speech, he is probably hard of hearing.

The "Code" used for hard of hearing is 85, "hearing defective but understands loud or amplified speech."

Implicit in the above breakdown of the deaf is the suggestion that the prelingual deaf present the most difficult problems for the rehabilitation counselor due to inadequate language development, limited communication skills, retarded educational achievement, emotional underdevelopment, and often, experiential impoverishment.

Some, in both groups sometimes are multiply disabled, e.g., specialized language disorders, mental retardation, cerebral palsy, visual trouble, emotional disturbance, and other disabilities, one or more of which are superimposed upon the basic disability of profound deafness.

Some specific limitations of the counselor in casefinding and referral—The typical vocational rehabilitation counselor is limited in his casefinding and referral activities for deaf clients because:

1. He must serve a certain geographical area or section in or near his urban or rural agency office; all referrals from his section or area are turned over to him for acknowledgement and screening. This usually consists of contacting the referral and arranging a meeting in the field or counselor's office.
2. It is not unusual for a counselor to carry a continuous caseload numbering from 100 to 250, or even more, 75 to 100 or so being in referred status waiting for attention.
3. The counselor must be regularly active in screening as many referrals as he can. He is constantly given new referrals to attend.
4. The counselor may be working with cases that represent many different and often complex disabilities.

These limitations affect his work with deaf referrals in that: he does not have enough time to learn about deafness and the deaf *in depth;* he is greatly limited in flexibility and mobility and so cannot get to know the deaf client or his family, his clubs, associations, etc.; he cannot take the time to learn and use readily and often the communication methods, other than writing and speech, used by many deaf people; and for this reason he too often cannot initiate and continue to conclusion a client-counselor counseling relationship.

Through lack of contact with enough deaf clients he cannot reinforce his conscientiously acquired knowledge about some of the basic major plights of deaf people or problems associated with deafness.

Through lack of communication skills he cannot easily explain his agency's service brochures, pamphlets, etc., and often is prone to taking it for granted that the deaf referral "understands" when such has not been the case. Even the more conscientious counselor upon recognizing that he has not been understood is prone to bypass the deaf client altogether in favor of explaining everything to a family member, a friend, the local "expert" on the deaf, and even neighbors. Thus, inadvertently treated as "billiard balls," many deaf persons with good potential for rehabilitation are repelled and do not "cooperate." Others, similarly treated "go along" with it because they have no choice. These persons are basically part of that group of "coerced" (Olshansky, 1964) referrals who do not and cannot understand rehabilitation but submit to it because they are made to feel they ought to.

Through lack of time, lack of knowledge of the psycho-dynamic and socio-dynamic plights of individuals disabled by deafness, and because he must make quick decisions, the counselor often is prone to be overdependent upon "pseudo-experts" of deafness and the deaf. In rural areas the expert may be a travelling county nurse or a hearing-aid dealer. In urban areas it may be an otologist with good knowledge of the hard of hearing, but not of the deaf. This dependence affects the counselor's judgment, often conditioning him towards forming a preliminary orientation to the deaf referral which will "fit the service to the client" even though that particular service may not be needed.

For example: A speech correctionist refers a deaf person because she honestly believes that lack of intelligible speech is his handicap to successful employment or training. The counselor begins to think in terms of purchasing speech lessons and a hearing aid. The counselor's thinking may be changed for him later after he secures competent medical, social, and educational information, *but there is no guarantee that he will recognize the need to secure such needed, specific diagnostic information.*

There is also the danger that the counselor will raise false hopes for the client and his family. The prelingual, profound deaf do not learn how to speak by taking speech lessons and putting on a hearing aid in adulthood.

The counselor may often improperly categorize the deaf referral on his case records. The repercussions will be damaging in two ways:

1. It gives the agency a misleading picture of the true number of deaf persons referred but not necessarily served otherwise or rehabilitated. In terms of possible projected agency plans to establish special agency procedures and methods or programs for deaf clients, it may cause undue pessimism that, numbers wise, the need for such things is justifiable.
2. It may cause the counselor to confuse the *major disability* with the *vocational handicap.* In terms of effective counselor evaluation of the needs of the individual deaf person referred, it may compel the counselor to focus upon one aspect of one need and to later secure diagnostic and background information related to that one need only.

Using a deaf referral with a "speech problem" as an example:

The counselor decides that lack of speech is the *vocational handicap,* so he records,

Major Disability: Speech Defect, Code 88
Minor Disability: Deaf, Code 83

What is likely to interest the research statistician is the Major Disability Item only (DHEW, 1962). We could conclude, then, that cases such as this one will not be counted as deaf, and that agencies do not consider that deafness (83 and 84) is always a major disability though it may not always be a vocational handicap. Agencies permitting their counselors such recording leeway show they are more interested in determining in the quickest way, only the vocational potential of many of its deaf referrals.

Sources of Referral

Experience and at least one recent statistical research study (DHEW, 1962) suggest that the pattern of sources of referrals of deaf persons is reasonably similar to the following:

> The bulk of deaf referrals in the age group 15 to 19 come from schools for the deaf;
>
> The bulk of deaf referrals in the age group 20 to 34 come from interested individuals, are self-referred, or from the State Employment Service;
>
> The least referrals in the age group 35 to 65 come from welfare agencies (doctors, hospitals, clinics, etc.) business and industry, news media, and artificial appliance companies.

From the above we can form the opinion that important sources of referral in contact with the hearing impaired group in the age bracket 19 to 65 and although having good potential as sources are not referring. These include public and private regular high schools, colleges, business schools; hospitals and sanitoriums, clinics, etc.; health agencies including rehabilitation centers; physicians; workmen's compensation agencies; welfare agencies; insurance companies; selective service system; public officials; U.S. Civil Service Commission; business and industry.

Some Implications

We have brought out so far in this paper that the vocational rehabilitation counselor is the pivot around which a State agency revolves and that:

> "We find as the needs of the individual concept becomes practice in our agencies, so does the role of the counselor change and become more complex and professional." (Porter, 1961)

The quality of an agency's casework, including the primary service of casefinding will be as good or as bad as an agency's ability to devise methods and procedures on the local level which help the counselor to grow professionally, and especially to develop the type of skills necessary to ensure that he can respect the right and fulfill the need of the individual disabled client.

> *The right:* To be served by a counselor who has a thorough understanding of the client's disability and its effects on the client's mind and body, behavior and personality; to be served by a counselor who can communicate that understanding to him, his family, and other community individuals, agencies, and institutions who may be involved with the client as a person;
>
> *The need:* To be evaluated with skill and care and unhurriedly for the sake of discovering ways for him to exploit his strengths and minimize his weaknesses in specific vocational, personal, social, and educational spheres, this even though the agency may have *no other* service the referral is eligible for and, therefore, must refer him elsewhere.

This right and need are realistic to the disabled. They may not be so to most State agencies, except for those agencies who have:

> The perception to realize it should often analyze its total operation, to be self-critical;
>
> The courage to change its practices to improve its services and community reputation;
>
> The skill to secure adequate financial support for its programs and to attract and train competent persons as counselors.

Deaf referrals, often because of the multiplicity of communication and language problems forced on them are, as a group, one of the least able of all the disability groups to afford not having these rights and needs recognized and met.

Suggested Guidelines

The agency, on the State level could arrange to survey many community agencies and groups or institutions who serve the deaf or are in contact with them frequently, to determine the incidence of deaf referrals and better understand the numerical status of deaf adults in the State; to develop good cross referral programs where feasible; to gauge the degree of their expertness and ability in deafness and serving the deaf and then to use them in consultation or provision of services capacity; to aid them, where feasible, in obtaining their own objectives by learning about and understanding their interests, limitations and functions. Overall, such surveys, could help the State agency to stimulate itself and other agencies to improve or develop their existing practices and procedures.

Agencies could initiate Statewide interagency seminars, or even regional rehabilitation agency seminars, yearly to discuss deaf casefinding and referral methods and procedures with an aim toward improvement of current practices.

Agencies could secure Extension and Improvement V.R.A. funds to hire a qualified consultant or counselor, for the deaf. One major responsibility would be to determine, through study of current agency and community casefinding and referral practices, the extent to which an agency would be realistically able to provide special services for deaf clients. Smaller agencies could initiate Extension and Improvement programs emphasizing special services development to the communicationally disabled, e.g., deaf, hard of hearing, cleft palates, language disorders. Such States simply do not have enough deaf in residence to justify special program development.

The agency could, especially in the more populous States, assign a regular counselor to learn about and handle *only* the hearing impaired clients. In such States there are sufficient deaf and hard-of-hearing clients to ensure a full continuing caseload for the counselor. He would not "favor" the hard-of-hearing (who would be numerically more than the deaf) in administering casefinding and other services because he would be trained by the agency to learn about both disabilities in depth and he could be fair to all.

An agency could orient its publicity and referral methods in recognition of the language and communication problems of the deaf. Brochures, pamphlets, letters of introduction, form letters should be clear and easy to comprehend. Solicitation of disabled referrals via TV and radio cannot be heard by the deaf. Many of the deaf are nonreaders also.

The counselor could, above all, always strive to communicate directly with the deaf referral; he should give the referral time to communicate in his own way. Where possible and practical the counselor should learn the language of signs and fingerspelling. He should make sure the referral understands what is involved.

The counselor should not assume that all families, friends, close neighbors, and pseudo-experts on the deaf always know and understand more about the deaf person than he does about himself. He should always be given the opportunity to communicate *his* feelings, ideas, thoughts, to the counselor.

The counselor should use the "source" of referral information with caution lest he become misoriented at the outset to client's disability, needs, and potentials.

The counselor could establish a reciprocal referral program with schools for the deaf. This could ensure early recognition of potential referrals. These schools also have a wealth of information about deafness and the deaf which, if the counselor made it a point to visit them regularly, could help him acquire valuable depth knowledge. Some rehabilitation centers or speech and hearing centers or clinics having special staffs or special programs for the deaf could be used similarly.

COMMENTARY ON CASE FINDING

Robert G. Sanderson

Making a critical estimate of the work of a competent professional with whom I am in essential agreement is one of the most difficult tasks I have faced recently.

The gentleman who presented the paper knows his subject thoroughly, he knows deaf people, and he added authority and breadth by appropriate references to current thinking in the field of rehabilitation.

Particularly, I admire the broad sweep of the introduction that at once reminds us of the basic concern of rehabilitation, which is PEOPLE, and the basic concept, which is to minimize the disability and facilitate the realization of the maximum potential of the handicapped individual, while still leading us directly to the subject of applying these principles to *deaf* people.

The objective treatment of the subject is competent and thorough. It is that particular characteristic of the paper that gives me the only opening I can see: since the gentleman was objective I should be subjective in my appraisal.

Deaf people are human beings first of all, and they have grown up into a society which has been largely materialistic and permissive. So they have the same needs and desires of the hearing people around them. Thus, I find myself in *general* agreement with the implied hypotheses that the same type of general case-finding efforts that are effective or ineffective with disabilities other than deafness will hold true for deaf people.

It has been my personal experience—and here I must admit that I am comparatively new to rehabilitation—that in working with deaf people a counselor must learn to utilize fully the case-finding opportunities provided by clubs for the deaf and associations or societies for the deaf. Since deaf people are drawn together by the magnetic power of the need to communicate, the counselor should give considerable attention to their organizations as sources of referral. The leaders must be actively cultivated so that they will be able to explain the vocational rehabilitation program to other deaf people.

The greatest single source of referral in my few short months as a counselor has been the Utah Association for the Deaf and persons who learned about the program through that organization. My own visits to the meetings and socials, where I was permitted to make brief announcements, were productive.

One should not overlook churches for the deaf. Some of the large cities have formal church organizations exclusively for deaf people, and the leadership usually is much aware of the needs of the congregation.

Thus, I believe I would add to the paper this principle: *To find deaf clients we must go where there are deaf people.* Further, I would have the counselor who proposes to work with the deaf make his own personal contact with leaders of the various organizations to let them know of his interest and availability. To be friendly, warm and cordial to deaf people is to elicit a similar response; but to be coolly professional may leave sensitive deaf people with the impression that one is not so much interested in them as persons as he is in them as cases which he can use to boost the closure rate.

I would add one more thing to emphasize points already raised in the paper: Referrals may take care of themselves quite readily if it should become known that there is in the division of rehabilitation a counselor who is truly an expert at manual communication. There is a deep psychological need for deaf people to be able to express themselves and convey their feelings and their needs to someone who can understand, in the language in which they feel most comfortable.

Again, in ending this brief critique, I would impress upon you the total implications of this excellent paper: We must meet the deaf person where he is, on his level, and not where we want him to be.

PRELIMINARY CASE SURVEY

Douglas J. N. Burke

We are now at the stage where a working relationship has been made with the community and referral and casefinding resources have been uncovered and are responding. It has been my experience that community agencies are not only willing, but generally prefer to report deaf persons to the State agency for vocational rehabilitation services. This preference usually stems from the fact that they feel rather inadequate about communicating with the deaf. In other words, they do not have personnel trained to communicate with the deaf, not only because of the inability to use the language of signs but also because they lack essential information about the social group which consists primarily of persons with a similar handicap.

The rehabilitation counselor and the agency program for the deaf must not only be receptive to deaf persons referred to the State agency but it must also be *capable* of receiving them. A counselor who does not have reasonable knowledge about deafness and the problems of the deaf, and does not have a program of services oriented to meet the needs of the deaf will be ineffective even if he has the desire to be of substantial service. A deaf person will feel welcome and at ease and join the counselor in a free and trusting rapport only if the agency is keenly receptive to his needs. Otherwise the State vocational rehabilitation agency can do no better than the other agencies in the community. Communication between the counselor and the client becomes difficult and the initial interview turns out to be quite superficial indeed. One has only to compare the case records of preliminary case surveys in these two different situations to note how substantially different is the amount of information accumulated. Therefore, it is essential that the deaf person come to an agency program with a counselor who is capable of working with the deaf, which could be the subject of another paper.

It has been my experience, usually, that a deaf person comes directly to the State vocational rehabilitation agency for services once he knows that there is available a counselor capable of working with the deaf. It has furthermore been my experience that the deaf person comes to the State DVR to get information on how he can benefit from the services of other agencies before he goes to them rather than vice versa. Furthermore, in nearly all cases, very little or no information has come from the referral source, probably because of the communication factor.

Some State agencies gather information before the counselors' first interview with the applicant; the intake or survey interview is made by a specialist other than the counselor. However, in the District of Columbia, it is the counselor who performs the survey interview. Thus, since there is no information from the referral source, and because information has to be developed subsequent to the survey interview, the information received as a result of this survey is studied along with the medical, social, psychological, vocational, educational, personal information acquired later on in the process. Therefore, the preliminary case survey or the survey interview, as it is called, concentrates on the applicant as a person during the interview, as an individual who lived through various phases in life such as his childhood at home, life in school, life in the vocational world, the usual experiences he has had because of his disability, and related social matters. In addition, notes are taken about sources that might provide additional information or information from a different point of view.

Accepting Client's Self-Expression

It is extremely important, and I can't emphasize this enough, that the deaf applicant be allowed to express himself.

There is apparently a tendency during a survey interview on the part of some counselors who work with the deaf, to follow an outlined form and to permit the deaf person to express himself as minimally as possible for the sake of performing this survey. Perhaps the counselor may feel inadequate in trying to carry on a resourceful discussion with the applicant. Perhaps the counselor's patience for that day may be very limited. Also, the counselor may have a demanding and arrogant applicant on his hands. Or it may be because the deaf applicant is very inadequate in expressing himself. Nonetheless, before the applicant is to leave the interview the counselor tries to have completed, his survey. Even if the counselor is a capable and resourceful person in communicating with the deaf applicant, this counselor-sided type of interview is a very frustrating experience for any deaf person applying for services and there are two basic reasons for this.

The first reason is that the opportunities for a deaf applicant's full expression of his anxieties, his social and vocational problems in a professional situation are so rare and infrequent. The deaf person not only has a lot to express but he usually feels and performs awkwardly when trying to express his numerous difficulties. It is essential, therefore, to the counselor-client rapport that extreme patience be maintained in permitting the client to express himself and in helping him feel comfortable while doing so. Indeed, a relaxed disposition and a comfortable position and then a well-placed question such as "Could you tell me a little bit about your school life from the time you entered school and until the time you graduated?", "Could you tell me a little about your work history, how you began to work, what your first job was like and what you did after that?", would certainly bring out a lot of rambling and expression of thought and new leads for information that any dozen of specific questions and "form filling" questions very seldom achieve. The counselor is not only going to have a glowing rapport with the deaf applicant but he is also going to have an interested client. The best way to fail in a vocational rehabilitation plan for a deaf applicant is to *lead* him through the survey interview.

The second reason is of long-range value. It is only through catharsis that a counselor comes to learn with considerable depth the *factors* in the deaf applicant's personal and social life which will affect the vocational rehabilitation process in which the client must participate. Insights to the client's values, the traits and habits of his associates, the long and short term objectives the client has considered in terms of his own lifetime; insights to the extent that he will need counseling and guidance is obtained; other needs of the applicant and the extent to which his type of life will affect his work will be discovered. These factors and many more are acquired and should be of incalculable value in helping the client to reach his vocational goals when matched with other information received by the time the applicant is up for case study. The counselor of the deaf who has very little experience with the deaf community will be able to acquire vast amounts of knowledge of the deaf community by simply sitting down and listening to what the deaf applicant has to say. The best way to fail to get this type of information is to ask leading questions through the interview.

Now there are some agencies who have the survey interview performed before the case reaches the counselor. With these cases the counselor has further information to go by and from another point of view. However, a complete expression of the deaf applicant's own version of reality as he sees it and from his frame of reference is still essential for getting a congruent and reasonably reliable concept of the deaf applicant.

Understanding Volition

Another important factor in the initial or survey interview, is the volition of the applicant. Has he applied for vocational rehabilitation services of his own free will? Did he come to the agency because the school for the deaf told him to come? Did he come because his parents were told that he should come? Did he come because another agency that was not equipped to deal with his problem suggested that he come to the vocational rehabilitation agency so that they could get him off their hands? Did the client come of his own free will so that he could be employed within a day or two? Did he mistake the vocational rehabilitation agency as having the same purpose as an employment office? One must know why the deaf applicant came to the vocational rehabilitation agency for services. It is rather obvious that there is no point in serving an applicant who is determined to reject the services from the onset. However, after finding out why the client came for vocational rehabilitation services, it is not considered to be good counseling sense to turn away an applicant even if his basis was involuntary. There are several reasons for this insofar as deaf applicants are concerned.

The deaf applicant, especially if conditioned to rely on a tailor made program in a school for the deaf or other community or family program, may have come to the State rehabilitation agency because of deep dependency habits. Just because his parents or the school sent him may not always be construed as meaning that he did not come of his own volition. Another reason is that deaf applicant sometimes does not have a realistic concept of the vocational world. The vocational world may mean merely going out and getting a job. He may not have the foreknowledge that there are other factors in the vocational world to be considered, such as long-range vocational goals, jobs in areas that will not be extinct in a few years, jobs that are compatible with the deaf applicant's abilities, jobs that may require training before they can be held, prevocational exposure that is necessary before a job can be performed in a mature manner. He may not have a concept of the role of the vocational rehabilitation agency and the rules, regulations, and policies which the counselor must adhere to in order to help the agency fulfill its role in terms of services to the deaf applicant. He may not have a wholesome concept of time insofar as vocational services are concerned. In addition, there are also many parents who do not know very much about the rehabilitation process and, therefore, do not know how to introduce the deaf applicant to what vocational rehabilitation is all about, that it is not an employment office. Therefore, I would be extra careful before I would consider a deaf person as being uncooperative and unwilling to go through the rehabilitation process. He may have had false hopes built up and when the counselor tells him that the rehabilitation process will take time and careful planning, he may feel a sense of frustration, complain that he does not want to go through all these processes and procedures.

It is only after a clear and well-rounded picture of the vocational rehabilitation process has been presented to the deaf applicant that his volition should come under the counselor's judgment. This is the moment when the applicant has in his own thinking the facts by which he is ready to decide of his own volition whether or not he will become an active participant in the various processes necessary to help him to reach his vocational goal.

The vocational rehabilitation counselor's reaction to the deaf applicant's volition, it seems to me, should be a controlled reaction. Some applicants are very suspicious of counselors who must have medical, psychological, personal and vocational information. Some applicants view their school records like others view their police records and they feel that it is something that is in the past and they don't want to go into it again. Some applicants do not believe that past social, vocational, and educational information is necessary, since all they want is a job. Cases like these should not have the doors of vocational rehabilitation shut on them, but rather, they should be accepted even though this means a type of pre-survey counseling. The counselor of course cannot handle a full caseload of this type of applicant, but usually, there are not very many of these and a little leaning backwards may eventually bring these applicants around and through the rehabilitation process and lead them towards a healthy appreciation for it.

It is about this time that one enters into a discussion of what vocational rehabilitation is all about. How it differs from the employment office, how it differs from welfare services, how it differs from family and child services. The deaf applicant should be informed of the vocational rehabilitation services that are available and that it is a process which may take time, even months, to complete. It may even be necessary to explain why vocational rehabilitation requires a general physical examination, specialty examinations, psychologicals, general aptitude tests, and other types of measurements that help in the overall assessment of the deaf applicant. If the applicant is of the inquisitive type the counselor might even proceed to explain how all this helps the client and the counselor to arrive at vocational goals, what the vocational world is all about, and how changing trends in the labor market can adversely affect the deaf applicant's vocational success. This cannot be done in one interview in some cases. If that be the case, the counselor of the deaf should not hesitate to set up a second survey interview for the expressed purpose of acquainting the applicant with the reality of the vocational world. However, it would be pure professional incompetence if the deaf applicant were left to wander aimlessly through the vocational rehabilitation process by the counselor. In fact, you could even call it professional negligence. If the counselor is not able to communicate to the deaf applicant what vocational rehabilitation services are all about, it is doubtful that this counselor can do much more for the deaf applicant. The roles of the counselor and the applicant and the process through which the applicant is to move must be fully and clearly discussed from the onset.

Motivation

The survey interview also covers the question of motivation. It seems to me that I have never met a client who lacked motivation. Perhaps the degree of motivation was different because the client was either confused about his purpose in life or was motivated towards areas that required the services of another agency. Some clients who are plagued with vocational doubts learn to condition their motivation until they are able to clear up their vocational outlook or achieve vocational focus. Some wear heavy burdens on their shoulders such as psychological problems, alcoholism, and family tragedies which stunt their motivation to some extent. Yet whenever there was a client I was able to find motivation.

The real test of counseling and guidance comes when motivation is guided along vocational lines compatible with the interests and capabilities of the applicant. The maximum motivation from the client may not come until after case study interview, but it can gradually receive an initial outlet the counselor and applicant discuss potential vocational goals in a broad sense and reach several general conclusions about the vocational rehabilitation process in which the applicant is about to enter. Care should be taken so as not to be too specific and to develop expectations for the client that are likely to lead to guidance errors.

Survey Interview

It is assumed by now, that the counselor and applicant are enjoying a comfortable rapport and are going into the surveying process. The above mentioned factors do not necessarily preclude the survey interview, but in fact permeate the entire interview. It must be borne in mind that the applicant may wish to, or have need to, express his history and his problems in an order that does not follow the printed form. The forms, sets of questions and other vehicles for obtaining information are to be relied upon as aides and not as confines during the survey interview. Rapport is often lost because the interviewer adheres too strictly to the order in which the form is written. Flexibility should be encouraged and it is almost certain that everything in the form will be covered before the interview is complete. On the other hand, some applicants are able to complete these forms on their own. If that is the case then the applicant should be allowed to do so. A completed form usually provides stimulus for rapport during the survey interview. Therefore, flexibility is the rule rather than the exception during the survey interview with a deaf applicant.

Survey interviews generally cover information involving the applicant's social history, vocational history, educational history, information on his disability, personal information, preliminary discussion of broad vocational objectives, scheduling of examinations, and the locating of other sources that can provide information about the applicant's background. All of these areas can be covered in one interview. Usually the interviews do not last more than one hour. However, there are some applicants who need at least an hour and a half and sometimes two hours to move through the survey interview. It has been my experience that a *complete and thorough* survey interview greatly minimizes the chance for service errors in the rehabilitation process ahead. It also helps guide the client through the process quite effectively. It would probably be of little use for me to elaborate fully on the areas covered in the survey interview. However, there are some things in each area that a counselor should look for in the background of a deaf applicant.

A. *Social Information*

One should gain a reliable account of the deaf applicant's social experiences, as a member of his family, as a member of a school group, and if he has already been working, as a member of various vocational-social groups with which he has had experience. The subject is another paper in itself and much too lengthy to include here. Only counselors with special insight obtained through training or acquired by experience can thoroughly comprehend the significance of an adequate amount of social information. It is important to know if a deaf applicant came from a small town or a large town, and how he was able to get along with his peers, hearing or deaf. What was his family life experience? Did he get along with his brothers, his sisters? Were there any other deaf children in the family, or in the neighborhood? What was the extent of his relationship with them? Can his parents hear, or are they deaf? Personal adjustment in these two types of groups have usually been different. What were the deaf applicant's social experiences in school? Did he leave the home for nine months out of the year for fifteen years and become adjusted to a school family of 200 to 300 deaf children in an institution or residential type setting? What were his social experiences there? Was he able to get along with certain age groups better than others? Did his school life alter his social tastes to the point where he found himself preferring the city life to small town or farm life? What does he know about big city life? Would he be able to cope with big city life without suffering serious adjustment problems? To what extent will he need new insight as to what big community life is all about? Will he need guidance in order to fully use the cultural, vocational, recreational, social, and civil facilities of the big city? Will he need help in understanding what the deaf community is like and how different it is from life in a school for the deaf or family life in a small town? It can be seen that there are a multitude of factors that should be brought out in the survey interview of the deaf applicant. All these factors will help in case study activities and in preparing for case discussion conferences with the applicant after the rest of the information has been received. Social information can contribute much towards the effective planning of a vocational rehabilitation service program for the deaf applicant and especially is useful in providing effective counseling and guidance services.

B. *Vocational Information*

Despite the fact that shop training in a school for the deaf or in a public school are not employment situations, it would be of much help if the counselor had some knowledge about the applicant's shop habits. If the applicant has been employed previously it might be good not only to get the personnel director to fill out a work performance form, but also to talk to the applicant and to his supervisor to get both their points of view about the vocational performance of the person in question. This provides for a more realistic basis for counseling, although it is not always possible to get in touch with the employer. Also, it is important to assess what the deaf applicant feels is available for him on the labor front. Perhaps the most consistent problem that one encounters is the tendency of deaf applicants to select vocational goals that are somewhat below their capabilities. To be sure, there are some whose vocational objectives exceed their capabilities, but not as many. Therefore, it takes some skillful assessment and healthy optimism to guide the deaf applicant towards a broad vocational objective that comes closer to the abilities a counselor is able to observe in him at the time of the survey interview.

C. *Educational Information*

Formal education information is rather difficult to assess during the survey interview. One has to know if the applicant has completed a program at a school for the deaf and received a certificate or a diploma. Sometimes a counselor will receive Stanford Achievement Test scores of the applicant and measure him off at that level. I should like to emphasize here that individuals with 3rd and 4th grade reading level achievements have actually passed Civil Service tests to become IBM keypunch operators. Therefore, I take the measurement scores I receive on a deaf applicant with considerable flexibility and use them only as aids in shaping my own personal judgment of the client's abilities and limitations. The applicant may volunteer information about himself as a member of a class, or as a member of a campus group. If at all possible, the survey interview should lead to information about the applicant's school interests and how he got along in learning situations in the classroom. Attempts should be made to set up an arrangement with the school which the applicant attended to get all the social and academic information possible from the point of view of the school personnel who have worked with the applicant. When this information is received it can be matched with the applicant's vocational information and one can determine to what extent pre-vocational training is necessary. Job performance in training and work situations have seldom been a problem in my experience. It has been usually the side features of the job, such as social harmony, employer-employee relationship problems, family and community problems, transportation problems, tax problems, and communication problems that have affected the deaf applicant's vocational situation. Most of these matters come under the area of educational background or pre-vocational learning. Therefore, it is important that the counselor know what the client has not learned during his educational journey. Proper assessment of this area will undoubtedly help the deaf applicant through many vocational adjustment trials as he begins his journey through the vocational world.

D. *Disability Information*

This is a very important part of the survey interview. The disability is related to a great extent to the question of eligibility. Yet I would hasten to add that it is not so much as a question of whether one is deaf and to the degree he is deaf, but to the extent that his deafness affects his vocational well being that determines the eligibility question. This requires a special insight, trained or acquired.

One must also observe the deaf applicant for the emotional and mental problems that make themselves evident. There may also be tell tale signs of social underdevelopment or vocational social problems, most of which will be revealed while the deaf applicant is freely talking about himself. One must further look into the resulting functional limitations brought about by the applicant's disability. Does his disability, for instance, coupled with the lack of education, hinder his chances for getting through the employment interview? Does this hamper his filling out applications for employment? Does this affect his initiative to get a job on his own? Does his disability run into employer biases that he cannot neutralize without the help of the counselor? Does he need help in locating an employer, who is favorably disposed to training and hiring of deaf persons? Does the applicant need help on how to upgrade himself in his place of work?

There are factors in preventive rehabilitation that may be resulting from this disability. Perhaps his hearing loss and surmounting problems are causing him to lose his job. Perhaps he shows lack of pre-vocational training in order to grasp a changing vocational-social situation. Perhaps job changes have been made and the deaf applicant will need further training to retain his place with the company. Perhaps changes of personnel have resulted in complicating his communication problems, and unless there is a solution, he will lose his job. Perhaps his vocational situation has altered drastically, because of compounding family, spiritual, or physical and emotional problems. Perhaps he may have gotten into trouble with the law, and is in danger of losing his job as a result of court proceedings. These and many other problems tie in with the disability of deafness, and are much related to the concept that the deaf applicant's physical and/or mental disability is resulting in functional limitations which has or will result in the loss of employment and needs correction through the help of the professional counselor before he is ready to move back into the labor market. Therefore, it is very important that the deaf applicant's disability and its resulting functional limitations be thoroughly researched so that all sources of information have been uncovered or can be uncovered by the time the case arrives at the stage for case study.

E. *Personal Information*

This type of information is not meant to mean the obtaining of information that is highly personal to the applicant. It is the deaf applicant's behavior as observed by the counselor during the survey interview, such as dress habits, applicant's own admission of his personal habits, grooming habits, impressions counselor receives of applicant's general personality, intelligence, knowledge, and physical ability. These are little bits of information that do not come under the other headings, but may be useful for case study purposes when the time comes.

F. *Preliminary Vocational Objectives Survey*

These are objectives which deal with broad areas of vocational pursuit. For instance, a fairly capable female applicant could be introduced to the clerical field. This would at least relieve her from the feeling that she would have to end up being a hotel maid or a dishwasher, and initiate thinking on her part about entering some type of office work, which could mean anything from running a mimeograph machine, operating a xerox copier, making microfilms, IBM keypunch, or Clerk-Typist jobs. Because the Federal Government is D. C.'s biggest employer, this is probably an appropriate approach for this area. The same approach may not apply for say an area like Montana or North Dakota. Nevertheless, these approaches should be based primarily on the availability of jobs in the area in question. The sole purpose is to give the applicant several areas of vocational activity to reflect upon until the case study interview is held. At that time the counselor and client could whittle away at the broad objectives, and move to something more specific.

G. *Scheduling of Examinations*

The vocational rehabilitation program by now has been made known to the applicant, and he has more or less related his intentions of following through with the rehabiliation process. He is then scheduled for psychological and aptitude examinations, general physicals, and specialty examinations as may be necessary. However, this matter is not as simple as that. I cannot emphasize enough how important it has been for us to get the examining services of professionals, who are not only acquainted with the vocational rehabilitation program, but who are also acquainted with the deaf community. These people are very, very difficult to find. Perhaps there is a need for local workshops, to acquaint these personnel with the deaf and the deaf community, so that their services can be more specialized and pertinent to the vocational rehabilitation process involving the deaf.

Building Self-Reliance

The final step, aside from sending for background information in each case, is a discussion as to how the applicant feels about the entire situation, the interview, the plan, and the role he must perform throughout the process. His feelings on the matter are worth obtaining. Also, it is vital that the deaf applicant know how valuable he is to the success of the rehabilitation plan. He must be aware that the role of the agency is to help him, rather than to do things for him. This may be an unusual concept for him, if he is used to dependency as a way to get along in life. Therefore, in order for the applicant to assume a self-reliant role and engage in independent activity, he may need counseling from time to time. The applicant may also be reluctant to face the world on his own, to keep appointments, and take tests from people he does not understand, from people who are strangers to him. The counselor must try to understand the applicant's apprehensions about this. If he should happen to miss his first appointment, and if the case is one of severe dependency, it may be necessary to accompany the client on one of his initial appointments. However, the process should have the goal of helping the individual to become as self-reliant as possible.

It is, in the last analysis, important that the applicant have a sense of continuity about his process, and his relationship with his counselor. This is best expressed by the counselor's own comments, which give the applicant the feeling that the counselor was glad to see him and is looking forward to seeing the applicant again at a later time. Something tangible like a follow-up appointment could be made at that time. If insufficient information has been received and there is no purpose for seeing the client at the scheduled time, the client can be contacted to postpone the appointment, unless the applicant has some special reason of his own for wanting to keep the initial appointment. Here again, it must be remembered that the deaf applicant is going through a change from a generally comfortable and sheltered institutional life to a rough industrial world, which he often-times is not prepared to cope with and approach without some anxieties. Because of this, he may have need for supportive counseling and the vocational rehabilitation counselor for the deaf is usually the only one available to provide this.

Conclusion

One could say that the preliminary case survey is proportionately as important to the vocational rehabilitation process as is the first five years of childhood to an individual's lifetime, or as important as a mathematically perfect launching to an orbital flight. The information acquired from the applicant and that which is to be sent for should be as complete as possible. The counselor's role is very important, but his role is successful only if he succeeds in helping the applicant to realize that his own role in the rehabilitation process is more important than the counselor's role.

Finally, the counselor who has permitted the applicant to express himself fully to achieve an initial feeling of self-reliance, and has illustrated how important the applicant's role is to the continuity of the rehabilitation process, is sure to have a fascinating experience in counselor-client relationship.

COMMENTARY ON PRELIMINARY CASE SURVEY

Richard K. Johnson

Mr. Burke has presented us with a very good overview of a case survey. It should be welcomed on several counts. First, interpretive remarks reflect a healthy concern for need of an interdisciplinary approach to vocational rehabilitation planning. He discusses the psychological reasons for deaf clients' reluctance to seek help and to accept the various aspects of the rehabilitation process. He suggests social explanations which may account for various behaviorisms. He relates the frequent disparity between educational reports of grade achievement as measured on standard achievement tests and true vocational potential. Secondly, Mr. Burke's several references to the importance of clear communication and rapport show a keen awareness of the need for early insight into the problems each client presents.

In a broad sense, as Mr. Burke points out, the preliminary survey should result in information involving the client's social, vocational and educational history, his disabilities, general vocational objectives, and pertinent personal information.

There is no doubting the fact that a broad background of working and living within the deaf community will be of great benefit in helping a counselor interpret and understand more readily the multitude of problems which a deaf client may present. However, one gets the impression that Mr. Burke assumes a great number of such counselors are available, or are indeed already members of each local staff.

While I appreciate the need to establish immediate rapport and to begin communicating ideas to and receiving them from the deaf client, I feel that for a large number of average counselors who may find themselves working with a deaf client this is going to be a very difficult, and in some cases an almost impossible thing to do during the preliminary stages.

To begin with, the deaf specialist in most State vocational rehabilitation agences is an exception rather than the rule. In a large number of State and local agencies the counselor who handles deaf clients does so as merely one more case in his overall caseload of many nondeaf clients. He may or may not have a deep understanding of the underlying factors which make the deaf client unique. He may or may not have the communication tools necessary for communicating clearly with the deaf client.

This is a point to which we need to give careful consideration; are we going to think in terms of a trained vocational rehabilitation specialist who is highly oriented to deaf people and who possesses all of the diagnostic and communication skills necessary for a comprehensive preliminary examination of the deaf client, and who will later utilize what may or may not be adequate information from other case support services to carry out a case study? Or should we view the preliminary survey of the deaf client as merely another case to be handled by a counselor who has little or no special knowledge about the deaf, a rudimentary mastery of manual communication or perhaps no communication aside from regular speech or pencil and paper, and who will be depending on information from outside sources as the basis for further case study?

I feel that it is necessary for us to establish a guide as to what limits we should set for the vocational rehabilitation counselor's role in this particular area. Should our thinking be along the lines of more intensive and more specialized training for counselors of the deaf or merely the development of a more or less standardized guide which may help all counselors cope with their deaf clients?

At this point, we may do well to give additional thought to just what type of person we should be considering when we speak of the "deaf client."

A great deal, if not all of the suggestions and conclusions presented in Mr. Burke's paper appear to be based on his own experiences with deaf clients in the Washington, D.C. area. I must assume that the level of sophistication of clients from this area is somewhat higher than in many parts of the country and that these clients have relatively clear methods of communication. While Mr. Burke cautions against "leading" the client through the interview he does suggest that the counselor present leading questions designed to open up new leads for information. This is, of course, an acceptable and widely practiced means of both putting the nondeaf client at ease and obtaining additional information, but I am wondering how effectively such an approach can be used with a large number of deaf people who are very marginal in their abilities to communicate by any means. It would seem that the language barrier in a great many cases might preclude such an approach, at least in the early contact stage.

Although I am confident that there are always going to be deaf clients with average and above average abilities who will seek services from the vocational rehabilitation agencies, it is apparent also that as new legislation is passed to expand further the scope of rehabilitation services we are going to be handling a larger number of less capable clients.

I realize that Mr. Burke is an exceptionally capable counselor and as such he perhaps has less difficulty in coping with the problems, ranging from a marginal, or even a non-existant educational background to an unstable emotional condition, which these deaf clients frequently present. However, we should consider how the average counselor whose special training, if any, may consist of nothing more than a six week classroom orientation in the manual language and the problems of deafness, is going to manage his preliminary contact with this type of client.

Mr. Burke has clearly shown what is desirable and there is no question as to the types of information which we should seek during our preliminary survey. However, when we consider the total range of deaf clients with whom our counselors can expect to work, and this may well include a top of the class graduate from a dynamic school for the deaf on one day and a man from some small isolated community who has had almost no schooling on the next day, we see clearly that there is likely to be a great deal of difference in what we want and what we are probably going to get from these different clients during our preliminary contact.

It is suggested by Mr. Burke that all of the information which the counselor needs can be obtained during a preliminary interview of an hour or so, with rare exception. However, in cases of clients who present a variety of personal adjustment and communication problems, the question comes up as to whether our counselors aren't going to need more time than this. Can our average counselor obtain enough accurate information during an interview of such duration or is he going to need a great deal of additional time to do independent investigation of the several areas of information which he will need for his case study?

I do not mean to belittle the counselor's role or the importance of the preliminary survey and it is regrettable but true that there are all too few of our ancillary service people who are oriented to deaf people and who are capable of helping the counselor obtain valid data on deaf clients. But I do wonder if we should expect the counselor to extend his role to the point where he is expected to succeed in obtaining a great deal of information in a limited interview from clients with a variety of personal and communication problems, where he is, on a preliminary contact basis, expected to establish rapport when communication may be almost nonexistent, instill self-reliance where there has been none before, and emerge from this initial interview with a clear picture of the client's true potential.

Although Mr. Burke says he has not personally had many deaf clients referred to him by other agencies, he does recognize that most community agencies do generally prefer to report cases involving the deaf to the State division of vocational rehabilitation. It is a fact that DVR has a well earned and widespread reputation as the deaf man's best friend and more deaf people are probably directed into this agency than into all other State agencies combined, and some of the people so directed present an amazing multitude of problems. For a great many of these people, the counselor who surveys their case is like a judge in the court of last resort and he must be allowed to probe, counsel, seek and gather as much information as he can without giving undue thought, consciously or otherwise, whether or not the case being interviewed is going to present more closure problems than his present load can take.

Caseload and its possible influence on a thorough preliminary survey is also something which we should consider. Mr. Burke suggests that the counselor's job, in as far as the preliminary survey is concerned, ends with the interview and with explaining the rehabilitation and examination process. This may, due to caseload pressure, be as far as he can go in trying to help the client through the rest of the survey. But the question remains as to whether with many deaf referrals, this is far enough.

In general, Mr. Burke has provided us with a generous rationale on the preliminary case survey as it might apply to one segment of the deaf population. It is unfortunate that there is a minimum of information concerning this area of the rehabilitation process as it might apply to some of our more difficult referrals, but what has been covered is both stimulating and informative.

SUMMARY OF DISCUSSION

Richard K. Johnson

H. W. Hoemann

Two basic problems which are deterrents to casefinding and referral were discussed repeatedly by the group. The first of these was the lack of a sufficient number of counselors who are able to communicate with the deaf and who understand the problems associated with deafness. It is apparent that deaf clients would be far more willing to seek services from D.V.R. if they knew that they would be served by a counselor with whom they could communicate comfortably and who was interested in them and their future. Secondly, if D.V.R. expects the deaf to come to its facilities for services, and if it expects other individuals and agencies to refer deaf people to D.V.R. for services, then it should make sure that the services which it offers are really adequate. Part of the problem now is that many deaf people have gone away from D.V.R. disillusioned with the counselor, the services, and the procedure. Nothing succeeds like success. If D.V.R. produces satisfactory placements and provides appropriate training for a number of deaf clients, these results are not likely to go unnoticed by deaf people in the community. Improved training for rehabilitation counselors with regard to deafness and communication skills as well as improved services for the deaf seem to be prerequisites for a more successful casefinding and referral program.

These prerequisites, however, lie outside the scope of the topic assigned to Group I. The group, therefore, discussed casefinding and referral from the assumption that the cases which were found would not be mishandled, and that the referrals which were made would receive the kind of treatment which would justify the expectation of the referring agency or of the individual.

The group was interested in two aspects of the casefinding and referral portions of its topic. The first was developing the kind of reputation for valuable services and successful training and placement which would generate publicity and stimulate voluntary referrals from the deaf community. The second was the development of the kind of working relationship with agencies within the community and with organizations for and of the deaf which would lead to regular referrals of deaf clients to the D.V.R.

Problems which were seen to interfere with the effective recruitment of clients of both types were the following:

1. Benefits available to the deaf through Congressional legislation are not always available to the deaf on the local level.
2. Casefinding and referral are problems partly because deaf clients have not always received the quality of service or courteous treatment which would instill confidence and acceptance of D.V.R. services.
3. There is a lack of adequate rapport between D.V.R. and educational programs for the deaf.
4. Racial and cultural minority groups are not being served to the extent that they should be.
5. Referrals from public and private health and welfare agencies, especially diagnostic clinics concerned with hearing problems, are not as frequent as they could be.
6. Counselors do not make use of the deaf leaders of the community to the extent that they might, and there is not as close contact between the counselors and the local, regional, and national associations for the deaf as there might be.
7. Programs especially designed to generate and channel referrals to D.V.R. involving associations of local deaf or-

ganizations or central referral agencies are not as commonly found as they might be.

8. The rehabilitation counselor is unable to devote a great deal of time to the development of relations with the public, and the public relations efforts of D.V.R. have not been completely successful in acquainting the community with the available services.

9. Information on the variety of services provided for the deaf in different parts of the country is not as available as it could be to stimulate services on the local level.

10. There is significant evidence that a large number of deaf individuals are underemployed.

11. Deaf children and adults with rehabilitation potential may have been institutionalized in state hospitals or institutions for the mentally retarded and left without further efforts to evaluate and rehabilitate these people.

While deaf young people are in school the problem is made less severe by the fact that at least we know where they are. But it is certainly unwarranted to assume that the school will take care of its pupils until they graduate and then D.V.R. will assume responsibilities toward them. However, D.V.R. could begin to provide services to the deaf child's parents as soon as a child is discovered to be deaf. The parents are often referred to a school for the deaf for constructive assessment of the educational outlook for their child. Similarly D.V.R. could provide counseling services to advise parents regarding their child's vocational outlook.

Later, when the child is in his early teens, the parents will be concerned about their child's vocational choice. Again D.V.R. can provide supportive counsel and guidance to promote a realistic outlook on the part of the parents toward their child's future in the world of work and of his need for the kind of services which D.V.R. has to offer. As the pupil nears graduation, D.V.R. can be notified by the schools so that a counselor can be assigned to the pupil. Initial contact can be made while the child is still in school so that an easy and comfortable relationship is established between the deaf pupil and the rehabilitation counselor. Such "in-school" contacts can also serve to orientate rehabilitation counselors with regard to deafness and its implications for the educational and vocational adjustment of the deaf.

It is apparent that school sources are not as productive of cases as they might be if a smooth working relationship were in effect in every case between the local school for the deaf and D.V.R. And as we consider schools, we should note again that many deaf children are not in the residential school, but in day schools and in day classes. An effective means of serving these deaf young people is just as necessary as the services offered to the residential school pupil.

Self-referred clients to vocational rehabilitation pose a special problem for the agency. If the client is warmly received and made to feel that D.V.R. is pleased to meet his needs, he is likely to respond with equal warmth. The introduction is especially enhanced when the receptionist can communicate at least to some extent manually to assist the deaf person in filling out the application forms and in understanding the importance of his appointments for the necessary examinations and initial interview. It is also enhanced when the initial interview is conducted by a counselor who is able to communicate with the deaf comfortably and who understands deafness and its implications. While this may seem to be unrelated to casefinding and referral, we must remember that a case that is found can be quickly lost by coolness from the receptionist or inept interviewing by the counselor.

Counselors who have been trained to work exclusively with deaf clients can be reasonably expected to show some sophistication when dealing with them professionally. Counselors who have not been trained to serve exclusively deaf clients can be expected to show some ingenuity in providing services that are appropriate and adequate. Skillful use of the vocational training process along with an interpreter to make the process meaningful and understandable to the deaf client is not an unreasonable expectation on the part of referring agencies nor of the deaf client himself.

The counselor should not overlook any possible source of referrals within his community as he seeks to develop a caseload. Deaf clients may be referred by existing community agencies such as are generally found on a registry of social services in the community; public and private social and welfare agencies should be made aware of the services which are available and encouraged to refer clients. Especially the organizations which include deaf members should be high on the list of likely sources of clients. Deaf fraternal societies, deaf clubs, national and regional deaf associations, religious deaf groups, and school alumni associations should be well known to the counselor.

In view of the new legislation, which makes it possible for the underemployed deaf to be reevaluated and retrained, D.V.R. counselors of the deaf should motivate the more obviously underemployed deaf in their localities to take advantage of this new legislation.

Since the majority of our day and residential schools for the deaf do not accept disturbed and/or retarded children, it would appear that a large number of such children, many of whom possibly have a high potential for habilitation, are being inappropriately placed in institutions for the retarded or mentally ill. It was the group opinion that D.V.R. could play a major role in screening such deaf patients for further training.

All possible sources of cases, then, were to be cultivated both by D.V.R. through public relations efforts and by the rehabilitation counselor through his own contacts with local organizations and with the deaf community. However, the consensus was that the basic problem is always a matter of having a sufficient number of well-trained counselors to provide adequate service for deaf clients. If this were the case, finding clients would be no great problem.

For the preliminary case survey it was felt that the highly literate deaf person presents few problems. He can be treated in much the same manner as his nondeafened peer. However, with the semiliterate or illiterate deaf person it was felt that special consideration was necessary. Such a client would require a great deal of extra time and effort on the part of the counselor.

It was felt that in many cases involving these less capable clients some outside evaluation service, such as a comprehensive evaluation center with staff personnel oriented to the problems of deafness would provide the ultimate solution for adequate evaluation, and that an up-to-date listing of such centers should be made available to D.V.R. offices.

Finally, it was noted that there exists no standard or semistandard form for recording survey data. These might be used by both the school and the D.V.R. office to coordinate the various types of pertinent data which is helpful to the counselor at this stage of the rehabilitation process. The discussants hoped that perhaps V.R.A. can bring together the best thinking of both the school counselors and the rehabilitation counselors in a model form for widespread use.

III. CASE STUDY

William E. Davis

As I approach the topic of "Case Study" as it concerns the deaf vocational rehabilitation client, it is difficult to find the fine line that must be drawn between the preliminary case study and the beginning of the counselor's formal diagnostic work-up. Perhaps it is better to view the case study as a continuation of the preliminary work instead of trying to pinpoint the stage at which one ends and the other begins.

There are several questions that come to my mind. What is case study? What types of studies are involved? What is the purpose of the study? In what ways will the study be different for the deaf client than for the client with normal hearing? While no brief paper can be comprehensive enough to answer all of our questions, this effort is to outline some basic suggestions as to guidelines for counselors to use in the total evaluation of the deaf client. I will in no way attempt to give all the answers, but will try to bring to light basic information that will serve as a springboard for discussion during this week of comprehensive study and discussion.

The case study is the counselor's method for making a total evaluation of the client in order to make a vocational rehabilitation diagnosis, determine a feasible vocational goal, and provide the services necessary to arrive at that goal. The information needed may be obtained from the client, the family, associates, the community, schools and institutions he has attended, previous employers, and from professionals to whom the counselor sends the client for evaluation and diagnosis. The counselor must use every possible resource for securing information. When all of the necessary information has been obtained, it must be sufficient for the counselor to analyze the physical, psychological, and social strengths and weaknesses of the client, separate the relevant from the irrelevant, consider each factor in relation to the whole, and synthesize the data into a meaningful rehabilitation plan. In every case, the information gathered must be sufficient (1) to determine eligibility, showing that the client has a disability which creates significant employment problems which are serious enough to require rehabilitation services. The information must be sufficient in kind and amount (2) to determine the vocational objectives for the client, as well as (3) to determine the scope and nature of services required to attain the vocational objective.

Since no two people are alike, the kind and amount of diagnostic information necessary in each case will differ. The skill of the counselor must be utilized in determining the depth of evaluation in each case. However, it is far better to have too much information than to take a chance on not having enough. It is far better to spend money on a particular examination and be sure than to take a chance on something being overlooked which causes the case to break down.

Medical

The counselor's approach to securing medical information for the deaf client is no different than that for any client. The counselor will obtain a statement of medical history from the client. There must be a listing of previous illnesses, types and treatment, periods of hospitalization, names and addresses of physicians and hospitals, and the name and address of the family physician. It is vital to have the client's feeling as to his general physical health. The counselor should get signed releases from the client for securing medical information regarding previous treatment and hospitalizations. Information obtained from the client and other sources will guide the counselor in determining the types of medical examinations to purchase for the client. In setting up casework standards for deaf clients, we should be careful to include the origin of the disability, age at onset, and the present status of the disability. All pertinent information should be given to the examining physician in advance of the examination, as the case history is of great value to the examining physician and is, in many cases, difficult to obtain from the client.

As with all rehabilitation clients, a general medical examination must be performed. This is necessary to document the hearing loss and reveal other facts regarding the client's general health pertinent to rehabilitation planning. We must keep in mind that deafness may be accompanied by other physical problems and the counselor must be alert to such conditions. The client's statement as to his general health and the medical history will help the counselor determine whether he should obtain only a routine general medical examination or a comprehensive internist's examination.

Once the general information has been obtained, the counselor will follow through on any recommendations made by the physician for further examinations. This brings us again to the possibility of other physical conditions that should be evaluated before rehabilitation planning can begin. This also brings us to the point of whether or not an otological examination should be obtained. Here again we come to depend upon the discretion of the counselor. If the client is congenitally deaf, deaf from early childhood, comes from a long line of deaf people and has attended a school for the deaf, there is probably little value in an otological examination, unless, of course, there is some other medical reason. Examples of this would be ear infections, vertigo, or tinnitus, all of which definitely affect working conditions. Many times, however, a deaf client will resist going for an otological examination. He has probably been through that several times already. A good rule to follow is that if the examining physician recommends an otological examination, it should be obtained.

In direct connection with the otological are audiological and speech evaluations. It is general practice in my area that an otological report is required before the audiologist will see the client. The audiological report usually recommends a speech evaluation if indicated. However, it is my personal regulation to obtain a speech evaluation on all clients who go into a training program requiring a great deal of communication, such as business college training. Here again, we must basically depend upon the recommendations of a particular specialty to guide us in further evaluation. As always, the counselor will consider the facts such as age at onset of hearing loss and intelligibility of the client's speech.

The Rehabilitation Act Amendments of 1965 (Public Law 89–333) states that "in all cases of blindness an adequate hearing evaluation will be obtained." A complete opthalmological examination is of equal importance in deaf cases. Most of us who work with a special case load of deaf clients have had the experience of having a client tell us their glasses needed changing and upon examination find that we must provide bilateral cataract surgery before a vocational objective can be reached. It is apparent that this can greatly change the vocational objective of the client. How much better it is to provide this service before the vocational objective has been chosen. Also, most of us have had the experience of having a client in comprehensive evaluation only to discover that we must provide glasses before the client can complete the evaluation. It is my recommendation that in all cases of deafness a complete opthalmological report be obtained when available.

Psychological and Educational

In ariving at a vocational objective the counselor must know the educational background, range of general intelligence, aptitudes, and interests of his client. In order to obtain the necessary information, the counselor must get the names and addresses of schools the client has attended and determine from which schools he should have information. There may be cases when this information is not necessary, but only the experienced counselor can make this decsion.

Schools vary greatly in the information included in the transcript. For this reason it is wise to specify exactly what is needed in the letter of request, unless the counselor has a working understanding with the school as to what he routinely wants when he requests a transcript. The counselor needs to know the grades of at least the last two years in school and the achievement level reached. In requesting achievement test scores, the counselor should specify that he wants a breakdown of each area tested. A mean or median score is not specific enough in most deaf cases for rehabilitation diagnosis. The transcript should also indicate any pre-vocational or vocational training, as well as previous psychological and aptitude test results. The counselor will find insight into the clients personality and drive by requesting records of extra curricular activities, such as sports, clubs, offices held in these activities, as well as any special honors or recognitions received from the school.

In most cases it is of value to obtain a psychological evaluation. Here we must exercise extreme caution. Communication is the key factor in psychological testing. Unless instructions are understood, the results will not be valid. The psychologist who is not sophisticated in the area of deafness will not understand the low verbal ability of the average deaf client and will assess his abilities far below what they actually are.

Some time ago, a young deaf boy who had been dismissed from the State school encountered difficulties with the police and landed in a psychologist's office for evaluation. I received a copy of the report along with the referral and was amazed to see that the psychologist had attempted projective techniques with a deaf boy who could not write a coherent sentence.

Counselors who have a psychologist who understands the deaf and the implications of deafness and has the ability to communicate with deaf people are fortunate indeed. Too long the counselor has had to depend upon an old psychological test score obtained from the school with no amplifying remarks, questionable results from a psychologist who doesn't understand the problem, or no psychological information at all.

Another area of concern is that of adequate aptitude testing. It is not always easy to obtain aptitude testing for the deaf client, even though it is of great importance in recommendations for training. However, there are ways in which we can get a general idea of the basic aptitudes of our deaf clients even with limited resources. Generally, the psychologist will give a breakdown of the subject patterns along with a comment as to particular vocational strengths or weaknesses. I have found the State Employment Service to be most cooperative in administering the General Aptitude Test Battery to my clients, provided an interpreter is present to assist. After several groups have been tested, both the administrator and the interpreter develop skill in testing deaf persons. Even though the tests may not be considered valid by some, they give a very good appraisal of spatial aptitude, form perception, motor coordination, finger dexterity, and manual dexterity.

There are also verbal and numerical subtests, but I am always cautious about being guided by these test results, because they depend upon the use of language. It has been my experience that the more ability the client has, the more easily I can obtain adequate aptitude testing. Many States are establishing comprehensive evaluation units for deaf clients which utilize such systems as TOWER and various modifications of it. These centers are of great value in evaluating the more limited and multiply handicapped deaf client.

Although it may not be considered scientifically sound, many times the only thing a counselor has to depend upon is what the client enjoys doing in his spare time. I think we are safe in assuming that many times our aptitudes lead us to the types of activities we enjoy. I trained one young man who is now working as an automobile mechanic and this is the method of evaluation I used. He enjoyed working on automobiles and seemed to have a native ability for this type of work.

Another area with extremely limited resources for deaf clients is the area of interest inventories. Too often, the counselor who works with deaf persons must depend upon the "what are you interested in" approach, when the client has not had enough exposure to what is available, what is required in the way of training and skill, and what the future of the job is. Generally, the client is interested in doing something he learned in the pre-vocational shops at school or has developed a vocational interest on the basis of information—often misinformation—received from associates. This has led me to develop an interest finder which I use mostly with students at the Tennessee School for the Deaf. Limited though it is, it is broader in scope than anything we have had before and at least created some interest in vocations other than the four offered at the school. While some counselors may have success with interest inventories used for the normally hearing client, I find that about half of the areas listed require hearing or speech. While it is easier to develop interests in our students at the school, it is very difficult to see our adult deaf client often enough and for long enough to explore and develop interests, especially when there are no standardized instruments which can be effectively used with the deaf.

Work History

The counselor should prepare a complete work history in all cases, including names and addresses of employers, types of jobs, earnings, length of time on the job, and the reason for leaving. The work history will indicate job stability, perhaps some job interests, and the degree of skill required for the job. While obtaining the work history, the counselor should also be alert to attitudes the client may have toward the company, supervisory personnel, and fellow workers. Also, the counselor should be alert to frequent shifts in types of jobs, as this may give some indication as to the emotional stability of the individual, unless the unrest is actually created by being employed at a much lower level than the client's capabilities.

Personality

In order for the counselor to assess adequately the potential of his client, he must have a picture of his total personality. The counselor must work with the total person. He should make every effort to learn how well the client is able to adjust in school, the family, and community. How does the client relate to others? Is he able to function independently in meeting the demands of the community? Does he display behaviour appropriate to the situation? Is he introverted or extroverted? Does he enjoy associations with people or does he prefer being alone? Are there any particular complexes that are evident? Does he seem to be highly motivated to be independent? What is his attitude toward his deafness or other disabilities? Does he feel the world is unfair to the deaf? The counselor must know the client's ability to function as well as his underlying attitudes and general behaviour to complete a rehabilitation program.

Socio-Economic

The socio-economic circumstances of the client and his family are of obvious value in diagnosis and planning and therefore, plays an important role in the case study of the deaf rehabilitation client. The counselor, in all cases, must be as thorough as possible in gathering accurate information regarding the family. He will get this information from discussions with the client, from a home visit, and when necessary, from people in the community. There should be a listing of all family members living in the home, and it is well to note those who may be living outside the home, either working or married. The listing should include the ages, educational level, and employment of the family members. The counselor should consider the type of home and the location, as well as the cultural and economic level of the family.

Most important in the family survey is the relationship of the client to the family unit. What is the attitude of the family toward the client and the client toward the family? Is he rejected, tolerated, or included as a member of the family? The financial circumstances of the family must be surveyed if services requiring the determination of economic need are anticipated. In this regard, the willingness of the family to assist in a rehabilitation program, both financially and otherwise, should be ascertained. It is not always easy to determine the influence of the family on the client, but it is vital in the counselor's appraisal of the client's ability to complete a rehabilitation program. The counselor should learn whether the client is the only deaf member of the family, or if there are others. He will find a good indication as to the family's acceptance by learning how and to what degree the family can communicate with the client.

Present Practices and Needed Changes

In my own state of Tennessee, the general rehabilitation counselors tend to stereotype deaf people. When a deaf person comes to our agency, be it male or female, he knows there is one area of training he can get from the majority of our counselors—linotype. This suggests that there is actually no adequate case study done in most instances. Perhaps there is a copy of the school transcript and any other information which can be secured from the school, but there is no attempt to obtain any further psychological or aptitude testing or explore interests if this client has been predestined by rehabilitation tradition to take linotype just because he is deaf. About the only thing I can say for past and present case study practices among general rehabilitation counselors for deaf clients is that there is practically none.

The ideal way to change this situation is for our States to recognize that deaf clients need counselors who can communicate with them and have the professional knowledge to assist them in evaluation, guidance and counseling, planning, providing services, placement, and follow up. Since this seems so long overdue, perhaps our second alternative will be to set up case work standards to be used with deaf clients and seek means to enforce them until deaf persons can obtain the type of rehabilitation services to which they are entitled.

COMMENTARY ON CASE STUDY

Roger M. Falberg

The booklet, "Casework Performance in Vocational Rehabilitation," published by the Office of Vocational Rehabilitation (GTP Bulletin No. 1—Rehabilitation Service Series No. 505, May, 1959), defines *Case Study* as that phase of rehabilitation services where the counselor determines the need for data on the client's medical and psychological status as well as his educational and social adjustment history in order to proceed to the next phase—the vocational diagnosis. It would seem that case study means that point in time *after* the counselor has some information on the client either from the referral source or from the client himself and *before* he has made the vocational diagnosis. In other words, he has some information, but needs more in order to be able to make a diagnosis. What does he do now? What kind of information should he try to get? What use does he expect to make of it?

One important manner in which the gathering of data on the deaf client will differ from others is in the sources of information. If the community in which the deaf client lives has a community service agency for the deaf (and the number of such agencies will, I hope, increase constantly in future years) that agency will be a very valuable source of information. Of course, the professional personnel in the agency for the deaf will request that the rehabilitation counselor obtain permission from the client before it will provide information—just as with any other professional agency.

In addition to being a source of information about the client, the community service agency can be a very valuable resource during the rehabilitation process. It can help provide interpreting services, and may be able to advise the counselor as to rehabilitation facilities suitable for deaf clients outside of the immediate area that are known to those close to the rehabilitation of deaf adults but which the rehabilitation counselor may know little or nothing about. During follow-up, the deaf client may require counseling or other services beyond the usual scope of the rehabilitation counselor, and the community service agency will be willing to provide these services. In fact, it may be the resource that will keep the client on the job the rehabilitation counselor provides for years after the placement is made—entirely without the knowledge of the counselor. These agencies can be so invaluable that rehabilitation counselors everywhere should actively encourage and stimulate their establishment and development. The more the counselor knows about such services—including religious counseling and service agencies—the better he will be able to collect data and plan the rehabilitation procedure.

Mr. Davis has presented some of the types of data that a counselor will need to consider gathering, and cites the reasons why data must be obtained. He then goes on to say that "The skill of the counselor must be utilized in determining the depth of evaluation in each case." If we are to assume that our objective is to offer constructive suggestions for the guidance of the naive counselor, this statement cannot be accepted. It is our responsibility to offer insights that are not elsewhere available to the counselor.

Medical

In considering the need for medical information on the deaf client, it should be emphasized that the physician may need the assistance of an interpreter. With deaf persons who have poor verbal skills, the physician is unlikely to question the client as to whether he has had any recent serious illnesses or symptoms of any sort. If a medical examination is worth getting at all, it should be a good one. Sending an interpreter with the low-verbal deaf client—and paying the interpreter—insures that the physician's fee is money well spent.

Mr. Davis notes it is "vital to have the client's feeling as to his general health." One would assume it is even more vital for the physician than for the medically untrained counselor—hence the need for an interpreter to accompany low-verbal deaf persons to the physician's office. A word of caution, however. A counselor with some knowledge of the language of signs may elect to assume the role of interpreter himself. This should be avoided. There are several reasons for this: (1) The client is entitled to select an interpreter of his choice—not the counselor's. If he has the right to see a physician of his choice, then he has similar rights with regard to interpreters. (2) Unless a counselor wants to set himself up in the interpreting and social-service business, he had better maintain his role only as a counselor. (3) Arranging the appointment for the medical examination frequently takes place during the initial interview between the counselor and the deaf client. For some reason or other, the deaf client may by the end of this interview decide that he does not wish to avail himself of further services from the rehabilitation office. Regardless of whether justified or unjustified, his wishes must be respected and the counselor should avoid any move that may be construed by the client as a sign that the counselor is about to "take over" the client's entire life. (4) Interpreting is a profession in itself, and medical interpreting is a sub-specialty within that profession.

I disagree with Mr. Davis' statement that otological and audiological examinations are not always necessary. If the deaf client has been through an oto-audiological examination recently, then we agree with Mr. Davis that the need for another examination is nullified. We would add, however, that results of this recent examination should be obtained by requesting the client to sign a release. If such an examination has not been given recently the counselor should make arrangements for one.

Routine oto-audiological examinations can be important. While the counselor himself might be convinced of the degree of deafness, he may later wish to refer the client to an evaluation, training or educational setting. These people will not see the client until he comes. They *will* demand oto-audiological examinations in order to determine whether the client is eligible for their services.

Another reason is that later placement in employment may be facilitated by the information obtained from the oto-audiological examination. If the audiogram reveals that although the deaf client's hearing is non-functional as far as sounds in the speech range are concerned, he is able to hear extremely loud noises, it might then be possible to ease the fears (whether well founded or not) of a potential employer who worries about the fact that the person would not be able to hear in-plant automotive traffic and to get out of the way when such vehicles blow their horns. In other—admittedly rare—cases, "deaf" persons will be found who still have a great deal of residual hearing and are capable of hearing many sounds in their environment, including shouting. These persons may resist a hearing aid, and should not be pressured into using one they do not want. However, again from the standpoint of a potential employer, this residual hearing could be an important safety factor. Only if the counselor has a recent audiogram can he really know whether his client is totally deaf, or whether he has some remaining hearing that might be valuable in a later employment situation.

I disagree with Mr. Davis on the need for *routine* ophthalmological evaluations. There is no conclusive evidence that deaf people have more visual difficulties than any other segment of the population. We should be able to assume that congenital defects would be detected long before the client reaches the counselor. Such routine questions as: "How long have you had those glasses?" (paraphrased, of course, in the language of signs) should help the counselor determine whether new ones might be necessary. Certainly, I have not noted that deaf people are more prone to cataract growth than any other group.

In discussing his requirement of a speech evaluation for "all clients who go into a training program requiring a great deal of communication," Mr. Davis fails to differentiate between *expressive* and *receptive* communication. This is something that is not too well understood by inexperienced counselors. Speech is an *expressive* mode of communication. It is important when the worker is constantly required to express himself to others. An obvious example is sales work.

Lipreading and the use of a hearing aid are *receptive* modes of communication. They are important when the worker is on the receiving end of communication from others, such as his immediate superior and co-workers. A person on the receiving end of communication does not necessarily need to express himself. Nor does the communication need to be oral. Aside from the language of signs, there are many subtle ways of receiving communication visually: a facial expression, simple gestures and body movements that suggest impatience, irritation, pleasure, praise. A deaf person may be able to function quite well in a communication situation where the person who is expressing himself knows he is talking to a deaf person and uses ancillary, visual means of communication to supplement lip-movements.

Psychological and Educational

In discussing the need to obtain educational background information, Mr. Davis relies on the "experience" of the counselor as a "guide" to the determination of whether or not it is necessary to collect this data. Criteria guidelines are needed. A good rule to follow is whether or not a client has had sufficient work experience that enables the counselor to gain insight into his functioning in a world of work. If the client left school only a year or two ago, and has had only one or two jobs, then educational information could be vitally important. If, on the other hand, the client is in his thirties or forties and has been working for ten or fifteen years, it would be superfluous to initiate correspondence with his former school or schools. If the case is a "borderline" one and the counselor is in doubt, then the information should be obtained anyway.

I am in agreement with Mr. Davis' comments as to the need to specify what is desired when school authorities are contacted. I note, however, that he fails to mention the importance of the client's dormitory behavior while in school. He does suggest that some comments be obtained in regard to the individual's "extracurricular activities," but an individual's dormitory behavior and his participation in school athletics, hobby clubs and the like often have nothing in common with each other. Dormitory behavior is a valuable index to a deaf client's ability to get along with his peers. While these peers are also deaf, there is usually not too much difference between a deaf person's modes of dealing with his deaf peers and his behavior when in close, daily contact with normal-hearing people. The neurotic, psychopathic, or psychotic deaf person remains neurotic, psychopathic, or psychotic in both situations unless and until he receives adequate treatment. A good dormitory report will assist the counselor in predicting whether or not his client is going to need psychotherapy or personal adjustment training at some time during the rehabilitation process.

Admittedly, good dormitory reports are difficult to obtain when dealing with residential schools for the deaf. Dormitory supervisors are notoriously lax about record-keeping. Sometimes there is a tendency on the part of the school to treat such data as confidential. Perhaps this situation could be alleviated if the counselor were to establish close contacts with the school authorities and with the dormitory supervisors. They may be more willing to give him highly personal information if they feel assured that he will use this information constructively.

This last point brings up something else. Too many counselors fail to understand the need to establish and maintain contacts with residential and other schools for the deaf in their areas. This is something that the new counselor is unlikely to do unless it is directly suggested to him. He should be familiar with the schools and their authorities, and should have an understanding of their problems and help them to understand his problems.

Adult education for deaf people is a new and quickly-growing concept. Rehabilitation counselors can and should stimulate this growth by referring clients whose intellectual potentials suggest they are under-educated. A deaf client may not have done as well as possible while in school, but may acquire additional motivation and determination once he perceives how vital it is to him to improve his academic abilities. While scholastic achievement levels tell what the client has accomplished to date, they do not always indicate what the client is capable of achieving. The counselor should not accept the academic status-quo as something that is unchangeable, but instead should make every effort to determine whether these things can be remedied—either through organized educational programs for the adult deaf or by means of private tutoring. Rehabilitation, in cases such as this, is a challenge, and the counselor must be prepared to meet that challenge.

I would second Mr. Davis' remarks insofar as the need for caution in obtaining and interpreting psychological evaluations of deaf clients is concerned. The soundest solution to the problem of obtaining a valid psychological evaluation of the deaf client is as Mr. Davis points out, to use a psychologist who is skilled in *both* the clinical aspects of his science and in communication with the deaf. However, such specialists are rare. Until the time when the personnel shortage is alleviated, what is the counselor supposed to do? Forego such evaluations entirely until the milennia comes along when he *does* have resource to the "ideal" psychologist? Or get them anyway, and use them selectively? If the latter, how does he go about "selective" use?

I have seen a psychological report on a deaf client who until that time was regarded as mentally retarded by authorities in a residential school for the deaf. In the report, the psychologist warned that the client was definitely not retarded. This psychologist, insofar as we are aware, had no specialized training in the area of the deaf, and could not communicate with the client. However, our own findings verified his in every respect. We would submit that clinical skill and discretion on the part of a *competent* psychologist can often compensate for lack of specialized training and/or communication abilities. Perhaps the solution to the counselor's dilemma is to place emphasis upon the demonstrated competency of the psychologist—to use his "selectivity" when finding a psychologist—until the day arrives when he has the "ideal" at his service. Whether such psychologists can engage in personality evaluation, therapy or otherwise treat the deaf client is an entirely different question; at this point we are concerned only with evaluation of the client's intellectual and perceptual functioning, vocational interests, and aptitudes.

Mr. Davis' comments on adequate aptitude testing are for the most part incontestable. One point which he did not mention in aptitude testing is the fact that the tests, in general, are often scientifically unsound. The validity and reliability of many of these tests is inconclusive. It is true that the GATB is among the best-validated; however, as Mr. Davis points out, there are several "verbally—loaded" subtests that must be interpreted with extreme care. Its "intelligence" score is largely derived from vocabulary and arithmetic reasoning tests, and must be ignored in the case of low-verbal, prelingually deaf persons. Another problem is the "assembly-line" procedures used by psychometrists in some employment service offices when administering this test. It is given routinely and mechanically, without apparent regard for clues in the client's behavior that suggest that anxiety under unfamiliar pressure conditions are at the root of poor performance, rather than a lack of the aptitude being measured. Anxieties are more apt to confound test results when the subject is a deaf person who has simply been manipulated into the testing situation without proper orientation, and who does not know what to expect, than for other disabled groups for whom such situations are not as threatening.

In connection with evaluation of the client's vocational interests, I attentively await formal presentation of the techniques being developed by Mr. Davis. Until these can be examined in detail, it is suggested that the California Picture Interest Inventory is usable. It is true that about one-fourth of the occupations depicted are totally unsuitable for deaf persons. The interpretation of the profile, however, should take into account the client's expressed interests, his knowledge of the world of work, and his over-all personality. It can even be very suggestive of a client's emotional functioning if he consistently chooses jobs that are obviously inappropriate—such as radio announcing and playing a musical instrument.

The counselor must always be alert to the fact that a person's vocational interests invariably reveal something about that person *as a person.* If he consistently chooses occupations that will bring him into direct, subservient contact with others in his environment, he may be unable to function effectively unless he feels that he is directly gratifying the needs of other people. If he consistently chooses to work with machinery only, perhaps he cannot tolerate having too many interpersonal contacts during his working day. The client's vocational interests can reflect his total personality. If he is permitted to select only among those occupations "suitable" for the deaf, the counselor may lose important clues as to how that deaf person feels about himself and his role in the world of work.

Incidentally, there is a vocational interest inventory that was standardized upon a population composed of deaf persons. It is the Geist Interest Inventory: Deaf Males. While its usefulness may be debatable, the rehabilitation counselor should at least be informed of its existence.

Work History

In the discussion of information to be obtained pertinent to the client's work history, I find no mention of the need to contact the client's previous employers and compare their statements with those volunteered by the client. Perhaps this is done routinely—if not, it should be. Such inquiry, coupled with what the client himself tells the counselor, will help the counselor predict how much assistance in dealing with communication difficulties and other aspects of interpersonal relations the client will need on his future job. The counselor should look at a poor or unfavorable work history from a constructive standpoint, asking himself: "How much help will the client need in facing the reality that he must learn to get along with other people, and how can I provide such help?" Negative attitudes such as: "Should I get him another job, or shouldn't I?" need to be avoided except in the most extreme cases of emotional disturbance where hospitalization may be indicated. Of course, *not* getting a client another job can be a method of treatment, helping him to perceive that his past behavior was unacceptable and that an adjustment is indicated. With deaf persons, however, the counselor must first be absolutely certain that the problem lies within the client and does not stem from negligent, malicious or prejudicial behavior on the part of his former co-workers and/or supervisors. Complaints of "unfairness" are sometimes entirely justified; they cannot always be discounted automatically. If the counselor cannot communicate adequately with the client, even more care must be exercised.

Incidentally, frequent job shifts—especially if the client is young and if the shifts are from one type of job to another—may suggest a wholesome attitude of venturesomeness and a desire to "get on in the world" rather than "emotional instability." Job-hopping among older clients who have family responsibilities is more apt to suggest emotional problems, especially if the jobs are within the same general occupational area.

Personality

Insofar as an evaluation of the personality of the client is concerned, Mr. Davis is correct in his statement that "The counselor must work with the total person." It is here, however, that the inexperienced counselor is most desperately in need of guidance. *How does deafness contribute to personality development?* Is the personality of a prelingually deaf person apt to be "patterned" differently from that of a normal-hearing person? If so, how?

I would not expect Mr. Davis, or anyone else, to come up with comprehensive, definitive replies to these questions in a brief, nonscientific paper. These are questions appropriate for scientific research. However, rehabilitation counselors and psychologists everywhere need to realize that at the present time we do *not* know the answers to these questions. They must understand that they cannot depend upon any stereotypes when making personality assessments and evaluations. Each deaf client is an individual, and his personality must be assessed and evaluated on that basis—not only on the basis of his being deaf. It is useless to speculate upon what a deaf person would be like were he not deaf; he is deaf, and that factor cannot be separated from the development of his personality. It is our opinion that the accident of deafness does significantly figure into the individual's personality development. Exactly *how* is unknown.

Nowhere in this section does Mr. Davis emphasize that it is especially in personality evaluation that ability to communicate with the client is the crucial factor. Perhaps he feels he has already made himself clear on this point: the counselor *should* be able to communicate with the client. In terms of the purpose of this workshop, however, we are not saying anything new if we let it go at that. We must be aware that there are rehabilitation counselors by the hundreds who have deaf clients assigned to them and who have no adequate means of communication with those clients. What do we suggest they do?

Much depends upon whether or not the counselor feels he is competent to make a personality assessment. While it may be true that he can "size up" many of his clients at a glance, such haphazard techniques frequently lead the counselor upon a long and frustrating road of interrupted or abandoned training programs, unsuccessful placements, and the multiplying of underlying emotional disturbances which, when poorly understood and untreated, result in the client's ending up with a very unfavorable work history and almost no chance of obtaining or holding stable employment. A good, thorough personality evaluation by a competent clinical psychologist should go a long way to insure early, complete understanding of the client and the roots of his emotional disturbance. If there is a history of dormitory, home and interpersonal problems the counselor would be well advised to obtain a professional evaluation as early as possible.

At this point, the age-old communication problem again rears its head. Where is the counselor to find a competent clinician who can communicate with the deaf client adequately enough to undertake a personality evaluation?

One solution is to provide the clinical psychologist or psychiatrist with the services of a trained, professional interpreter. The three-way professional relationship is an admittedly complex one, but with a *qualified* interpreter, difficulties can be minimized and overcome. There are, or very soon will be, guidelines to assist interpreters in areas such as this. Good interpreters should become increasingly available to counselors throughout the nation as the new Registry of Interpreters for the Deaf becomes more formidable. As discussed previously in connection with the use of interpreters in medical situations, the counselor should not attempt to act as interpreter between the client and the psychologist or psychiatrist.

Socio-Economic

I find little to take issue with in Mr. Davis' treatment of the data the counselor needs on the client's socio-economic background, except to note the lack of any criteria by which the counselor can determine the effectiveness of communication between the family and the client and its significance with regard to the client's emotional development. Is it absolutely necessary that communication be in the language of signs in order to be "adequate?" Perhaps home atmosphere of warm acceptance that stops short of overprotection can be effective in promoting good personality growth in the client even though adequate communication is lacking. I would not discount the effectiveness of good communication, but the mental hospitals of the nation are filled to overflowing with normal normally hearing people who never had any communication difficulties. It may be that the *quality* of the communication is far more important in the family situation than its adequacy or its content. While I cannot make a definite statement one way or the other at this point due to lack of scientific investigation, I can alert the inexperienced counselor to these possibilities.

Mr. Davis' final comment as to the lamentable custom of stereotyping deaf clients into certain, limited vocational molds is a very laudable one, and for once I have nothing to add.

In the final analysis, we must realize, that while it is highly desirable for each State to have a "roaming" rehabilitation specialist in the deaf, this is *not* the final answer. The deaf clients, as a group, usually require more in-depth evaluation, more extensive and intensive training, and longer follow-up than other clients. It is too much to expect one man to do it all, and the local counselor to whom the client has ready access must be prepared to shoulder at least part of the load. It is the responsibility of this workshop to offer constructive suggestions for that local counselor to use.

SUMMARY OF DISCUSSION

William E. Woodrick

Clifford A. Lawrence

As discussed in the chapter, "Background and Structure of the Conference," a group of participants was assigned to discuss each workshop topic in depth and recommend a set of guidelines for counselors inexperienced in working with deaf clients. While the topic paper and the commentary on it served to structure the discussion, the participants were encouraged not to be rigidly bound by the structure. The following presentation represents the essence of the discussions on the topic of case study.

Medical

A *complete* and *thorough* medical examination is needed. While determination of the major disability is important, care should be taken to note any physical impairments other than deafness that might exist.

In obtaining the medical information care should be taken that the deaf client knows why he has to be examined by a physician, but caution should be exercised to not foster a pattern of overprotection. An interpreter may be used to insure adequate communication between the client and the doctor. The counselor should ensure competent medical examination and at the same time guide the client to assume responsibility commensurate with his ability to handle the situation. When medical facilities are available at the school for the deaf, medical examination is suggested prior to the client's leaving school. The counselor then will have the benefit of information from a source where the client is well known and has spent a large part of his life.

If, from the counselor's observation of the client, it is felt that medical specialists such as otologists or ophthalmologists are needed, he should not hesitate to refer the client to a specialist even if no recommendation is made in the general medical report. Arrangements should be made to investigate ophthalmological problems which might be present. The deaf person is so heavily reliant on visual stimuli that any complications in this area should be optimally corrected.

Audiological

Most States require audiological examinations in addition to the otological. Even if not required, both should be obtained if recent audiological information is not available.

The counselor should explore all means of utilizing the client's residual hearing, but should keep in mind the client's *motivation* to use his remaining hearing.

Educational

Academic achievement level of the deaf client usually is significantly lower than for his hearing peer. Deficiencies in academic achievement at all grade levels and in all subjects should not surprise the counselor when working with deaf clients. These achievement deficiencies may include graduates either from schools for the deaf or public schools for the hearing. It is important that the counselor understand the basis upon which various schools grant academic or vocational diplomas or certificates of attendance or other certificates. The counselor can best fulfill this part of his responsibility by personally contacting the school.

The school may also have certain IQ tests and achievement scores, but the counselor should be cognizant of the relative meaning of such information and its pertinence.

Social

The social history will later play a vital part in the vocational diagnosis. The experienced psychologist, for example, can make a much better analysis of personality dynamics if he has a good social history on hand. For this reason, social information should be as complete as possible.

A. *Home and Family Relationship.*

Family relationships may indicate how the client gets along with others. The deaf client gets far less social interchange in relation to personal living than hearing persons. It was generally agreed by the discussants, that among deaf individuals there often is less identification with the family unit than with deaf associates. The counselor should keep this in mind as he proceeds with the case study.

Information regarding his membership in organizations and his participation in activities is important in working with the deaf client. He may or may not participate, and opportunity to participate may or may not be available to him. This may be true regardless of the mode of communication especially when participation requires significant language ability. This may be an indication that the deaf person is an individual with distinctive characteristics. The client may hesitate to volunteer or give confidential information through an interpreter. More complete information (regarding home and family relationship) is often obtained in a one-to-one situation *in addition to* the interview with the interpreter.

B. *Personal and Social Adjustment*

Little valid information is available in this area. Meaningful research in this field is sparse. The counselor should proceed with caution in making judgment. The development level of personal and social adjustment may influence all the other areas of case study. The discussants emphasized that problems of development may not be due to the client's deafness alone, but can be dependent on and interwoven with his attitude toward his deafness and how he feels he is seen in relation to his environment.

The traumatic adjustment problems of the adventitiously deafened individual varies greatly from those who are prelingually deaf. In general, the discussants felt that the prelingually deaf person may be more accepting of his deafness, yet less realistic about the limitation posed by disability. Often having spent considerable time in a residential school setting where his disability is common and not viewed as a handicap he may be quite able to adjust to a greater extent than outside that environment. Important to the total social adjustment is the way the deaf person feels about his loss or lack (effects on his self concept) as well as his concept of how others feel about him.

Psychological

Psychologists who are familiar with deaf adults are the exception rather than the rule. However, counselors experienced in working with the deaf but unable to secure the services of a psychologist who is also well acquainted with deaf adults may find it possible to make use of a psychologist generally competent in testing and interpretation of test results.

The counselor should locate and/or develop resources for psychological assessment of deaf clients. He should try to locate psychologists who are specially trained in communication with and/or psychological evaluation of deaf persons. If no specially trained psychologists are available, resource psychologists should be developed in various regions, States or districts. One way this could be done is to find either psychologists presently practicing or graduate students in clinical psychology who are interested in being trained to work with the deaf and financing their training in hospitals, rehabilitation centers or other facilities having a large caseload of deaf clients together with professional psychologists who have broad experience in working with deaf persons. Such training should include actual supervised testing and counseling with deaf clients. Rockland State Hospital in New York is an example of such a facility. The counselor will then have a resource to which he can refer clients needing a psychological evaluation, whether it be comprehensive or specific to one area of functioning.

Psychological evaluation in the broad sense includes assessment of intellectual functioning, memory and perceptual function, scholastic achievement, aptitudes, interests, and personality.

The counselor, to facilitate this evaluation, should supply the psychologist with all information he has which is pertinent to the client. He must specify the type of information he wishes to obtain from the psychologist and expect the psychologist to provide it.

Tests for evaluation of intellectual functioning in which final scores are computed on the basis of the client's verbal and/or language skills are useful only to those counselors who, through training and experience, possess the knowledge and skills to interpret these findings in relation to the client.

Any projective instrument used for personality assessment of the deaf client must take into account the abilities of the psychologist and client to communicate *freely* with each other. Difficult and strained communications may cast doubt on the validity of the test results and should be interpreted with caution.

Vocational aptitudes should not be measured solely through tests heavily weighted with verbal items. Tests that can be of most value in the psychological evaluation of the deaf person are primarily of a non-verbal nature. However, the use of verbal tests are often profitable because they may provide additional insight into the language functioning and scholastic achievement level of the client.

Vocational

The client without a vocational history will affect the case study. Counseling is more important in this case. It is necessary to explore vocational information with the client through field trips, work trials, and other methods. The counselor should be aware that the vocational training offered in schools for the deaf is largely *pre*-vocational in nature and varies in quality.

Clients with a vocational history of short term employment may indicate to the counselor a number of possible problem areas:

1. Need for ability to get along with people;
2. Need for client understanding for responsibilities;
3. Need for clarification of employer's understanding;
4. Need for adequate vocational training

Counseling in view of frequent job changes by the client is important since the client may not know why he has failed in employment. We cannot assume the client knows many of the facts related to employment that are generally understood by the hearing employee.

The choice of vocational objectives is often limited by the client's lack of information, and by the limited vocational training areas offered in schools for the deaf. Counseling is necessary to broaden the client's horizons in keeping with his potential.

The deaf client is very often more immature in *all* behavioral areas and vocationally unprepared when compared to most people his age.

Vocational history should consider not only former employment and any pattern that has been established, but should also investigate employment gaps which may indicate, among other things, an extension of overprotection which may be prevalent among deaf people. The counselor will find that the deaf person he will most often see may well have been overprotected and is immature.

Motivation and responsibility in relation to employment and employment irregularities should be carefully clarified and interpreted by the counselor working with the deaf adult according to the discussants.

IV. THE VOCATIONAL REHABILITATION DIAGNOSIS

Alan B. Jones

In presenting a discussion of the rehabilitation diagnosis insofar as it concerns deaf clients, it is first necessary to define the term. For this I here refer to the definition in the pamphlet, *Casework Performance in Vocational Rehabilitation* (1959). This was prepared by the now defunct G.T.P. and states:

> "In specific terms, the vocational rehabilitation diagnosis in State rehabilitation programs means selecting significant facts from the case study for the purpose of making necessary program decisions with respect to determination of eligibility and the identification of significant problems interfering with the client's job adjustment."

This definition is broad enough so that it is anticipated it will be difficult, if not impossible, to refrain from transgressing in areas covered in the previous paper on "Case Study" and on the subsequent paper on "Planning Goals and Services." For this reason, I must ask the indulgence of the persons presenting those papers should I so transgress. This pamphlet continues:

> "Organization of the case information permits its use for clear thinking and sound planning. In difficult or involved cases, the counselor prepares a summary of the case data before arriving at a vocational rehabilitation diagnosis. The counselor shows judgment in picking out the significant data from the interviews, examinations, and reports."

Obviously this procedure is followed for any disabled applicant for rehabilitation services. Before relating these to the procedure used for a deaf applicant, let us investigate a little further the significance of the above paragraphs.

All of the State rehabilitation agencies, regardless of location variations, must adhere to the broad delineation of eligibility as presented by the Vocational Rehabilitation Administration, based on the enabling legislation. There are three basic points in this guide:

(1) The case file information must establish the presence of a physical or mental impairment or disability,

(2) It must then be shown that this imperfection has resulted in a job or vocational handicap, and

(3) The services being proposed must either remove or ameliorate the vocational handicap or bar to employment.

All State agencies must work within the broad confines of the above three steps regardless of the disability being considered. It can be seen that there is close correlation between the first paragraph quoted above and the VRA regulations.

Unfortunately, the guidelines are so broad and general, permitting such a variety of interpretations and restrictions, that clients who would be served in one State could well be refused services in another State. An example of this variation is quoted by Kennedy (1958), who cites the case of a deaf man applying for rehabilitation services. This man, although fully employed, felt that he was underemployed and applied to the State rehabilitation agency for training in a higher job occupation. The decision of that particular agency was that the person was not eligible for rehabilitation services because he was fully employed. Other States view underemployment as being a situation meriting rehabilitation services, providing that the underemployment has been caused by the disability and not through lack of effort on the part of the applicant. The philosophy governing this question of eligibility is very pertinent here since a number of studies and many noted authorities seem to establish the fact that underemployment is one of the major vocational problems of our deaf population.

Before we proceed any further it is best if we decide about whom we are discussing when we refer to a deaf person. There are available a great number of definitions, some of which I would like to quote. A number of years ago the American Medical Association established the dividing line between those that are hard of hearing and those that are deaf as being 81.7 db under the old ASA standard. This rating, though it may be of medical or clinical significance, is not pertinent here. Finding a definition prepared by the White House Conference to be not adequate, the Committee on Nomenclature of the Conference of Executives of American Schools for the Deaf (1938) prepared the following definition: "Those in whom the sense of hearing is nonfunctional for the ordinary purpose of life." Phillips (1963) stated, "The average deaf client is one who has spent all or nearly all his school life in a special school for the deaf. He will have acquired a background of information, values and concepts that reflect his training and the limitations imposed by his hearing loss. His preferred method of communication with others will be by the use of signs and fingerspelling, which method has the greatest meaning for him. His preferred associates and friends will be people of like classification. Included in this broad category will be some who have residual hearing, who may even be able to use a telephone, but who at the same time have acquired the same pattern of values and ideas that the totally deaf person has, and prefer to associate with the deaf as a group." Another definition was presented by Sanderson (1963) which expounded basically the same philosophy as Phillips.

For use in my agency, and for the guidance of our rehabilitation counselors, I have devised the following definition which excludes the deaf-blind, since our agency does not work with the visually impaired. The definition is as follows:

> "A deaf person is one who receives communication, knowledge, and information visually."

This, therefore, would include the person who has excellent oral ability, the person who is fluent in fingerspelling and signing, and the person who must resort either to the pad and pencil or to graphic presentations.

These matters are important in the case diagnosis. Basically, according to Myklebust (1960) and others, it has been quite well established that deafness influences intellectual development and mental processes. In diagnosing the vocational handicap imposed by the disability the counselor must be able to evaluate the applicant, taking into consideration the ever present educational retardation caused by the disability and to evaluate how the applicant has adjusted to this. Of course, one of the major tools available to the counselor in this portion of the evaluation is the report by the psychologist. Here a problem immediately arises in many, many areas of the country. With the exception of a small group of psychologists who have studied the problems imposed by deafness, and the allied problems of psychometric testing of a deaf person, the psychologist will present a report which will seem to downgrade the deaf applicant in the verbal areas. The counselor, in making his evaluation, must be familiar with the background and capabilities of the psychologist who has submitted the report. Levreault (1965), in an effort to counteract this adverse trait, has prepared a list of standard psychological tests which seem not to penalize the deaf because of their verbal problem. He has recommended as an intelligence test the revised Beta; for aptitude testing the Minnesota Clerical, the Bennett-Frye Mechanical Comprehension, the revised Minnesota Paper Form Board, and the Purdue Pegboard; for interest and attitude testing, the California Picture Interest Inventory. For additional aptitude testing he suggests either the Minnesota Rate of Manipulation Test or the Crawford Small Parts Dexterity Test.

The tests mentioned above have been selected from those routinely used by certain counselors on the staff of the Pennsylvania agency and also contained in the list suggested to consulting psychologists not employed by the agency. Further, Mr. Levreault suggests the possibility of using the Arthur Point Scale of Performance, the Pintner-Patterson Scale, and three projective tests —Human Figure Drawings, Bender-Gestalt Test, and the Rorschach.

The striking difference between the verbal and non-verbal mental ability scores was reported in detail in the Volta Review (1939, 1945). I will not go into the details of this study. Suffice it to say, however, that it did prove that this gap exists. I think we can all accept this premise. Of course, many other reports have indicated that the deaf should be treated by means of heavily weighted non-verbal procedures. Personally I do not believe, in making a total case evaluation, that one or the other method is satisfactory; both are necessary. If, as we contend, the average deaf person is indeed in a reduced verbal status, is not this a pertinent factor in evaluating his vocational potential? If we are to place him in a situation wherein he must compete with his hearing peers who do not have these problems, for our own guidance we should know how he compares with these others. Therefore, I recommend as a placement evaluation a non-weighted set of tests be given; as a major addition I also feel that his true potential can be found only through the use of non-verbally weighted procedures. This latter procedure is directly applicable in evaluating and diagnosing how the disability has interfered with employment preparation, and certainly should be used in planning possible training programs. A counselor sophisticated in the very esoteric area of the problems of deafness is extremely desirable and probably basically necessary, if the deaf client is to be adequately evaluated and served. The counselor must be aware of all the problems imposed by early or congenital deafness as compared to the problems that exist as a result of later adventitious deafness or after the formation of speech patterns.

As Williams (1961) has pointed out, the age at onset and the severity of the hearing loss to a large extent determine the special problems involved in the rehabilitation of the deaf person. A basic part of this evaluation procedure is to observe how well he has adjusted to the disability and how well he has achieved in spite of it. Naturally, the counselor cannot make these evaluations without a deep and thorough knowledge of the area. For instance, he must be aware of the fact that tests consistently reveal that deaf persons are less mature than hearing control subjects, according to Barker (1953), and therefore should not deprecate the deaf person should he evidence immature tendencies.

DiMichael (1958) has stated that any experienced counselor will verify that the deaf are one of the more difficult groups for vocational rehabilitation people to serve properly. Of course, he continued by commenting upon the problem of the communication barrier which hampers high quality of counseling as expected from thé agency counselors and supervisors. In evaluating and diagnosing a case the counselor must keep in mind, as stated by Silver (1964) that we should not become so focused on the person's deafness that we do not see the person as a human being with a problem. This is supported by Shaeffer (1965) that to the counselor the biggest problem when working with a deaf client will center around the social and emotional implications of deafness in that client.

The case evaluation must comprise the results of personal observations by the counselor, which will include the person's drive and job attitude in relation with others. As was pointed out by Roe (1956), "In order to succeed, particularly at high level jobs, those with special disabilities must usually be better trained, have more ambition and drive, and be more resourceful than normal competitors. They require, in addition, to learn to tolerate day by day situations of frustration and devaluation. Nevertheless the success of thousands of them shows that it can be done."

Perhaps it should be pointed out here, where above we have referred to "vocational" in a number of settings, we have been using Roe's definition (1956) to mean "Whatever an adult spends most of his time doing." This, then, would include housewives and others who will not be receiving cash remuneration for their services.

In closing, I would like to quote from Switzer (1966), "Moreover; the needs of many deaf people for firm, understandable and understanding guidance while they are acquiring experience in competitive interrelationships have seldom been truly met in case services for them. While facility and personnel deficiencies are important reasons, the problem has persisted also for want of the ameliorative action that would flow from clearer grasp of what is involved and what to do about it."

The vocational rehabilitation diagnosis requires, as stated above, counselors thoroughly versed in the problems of deafness, and is extremely important since it is this portion of the case procedure on which successful and adequate subsequent services of training and placement must depend.

COMMENTARY ON VOCATIONAL REHABILITATION DIAGNOSIS

Larry G. Stewart

Mr. Alan Jones' presentation on the vocational rehabilitation diagnosis as it pertains to deaf clients covers most of the points essential in the determination of eligibility for vocational rehabilitation services. His task has been most difficult since relevant factors vary from case to case. The vocational rehabilitation diagnosis involves, above all, considerable analytical judgment on the part of the counselor. The counselor must ". . . separate relevant from irrelevant data, . . . consider each factor in relation to the whole, and . . . synthesize the substantial facts into a meaningful pattern." (Thomason and Barrett, 1959).

Mr. Jones' emphasis on the importance of a thorough understanding of deafness on the part of the counselor is appropriate. A matter of which I am sure he is aware, but fails to mention, is the importance of adequate communication between the client and the counselor. Communication is vital in reaching a sound diagnosis since in many cases eligibility is determined largely on the basis of information gained during the interview. (McGowan, 1960).

Another important consideration which receives no attention is the availability of appropriate training facilities and job placement opportunities (McGowan, 1960; Thomason and Barrett, 1959). These are important in the rehabilitation diagnosis since a client may be declared ineligible for services when resources are not available to meet his needs, or at best he can be only partly rehabilitated.

The question of eligibility of underemployed deaf persons for vocational rehabilitation services is a crucial issue, as Mr. Jones points out. In considering the case cited by Kennedy (1958), it would not be just playing with semantics to inquire into the meaning of the term "fully employed." In reaching a diagnosis in such cases, do we take "fully employed" to mean that the applicant is working full time, disregarding the relation of his abilities and interests to his present job? Or do we interpret "fully employed" to mean that the applicant is employed in a job commensurate with his abilities, interests and personal characteristics? This distinction is important since "the objective of vocational rehabilitation is to restore disabled individuals to the *fullest* (my emphasis) physical, mental, vocational and economic usefulness of which they are capable." (Annual Report, Missouri Section of Vocational Rehabilitation, 1965).

The need for valid psychological reports on deaf clients cannot be over-emphasized. Mr. Jones has raised a good point in his discussion of the discrepancy between verbal and performance test scores quite frequently found with deaf clients. I am in agreement with him that it is useful to have the results of verbal as well as performance tests since a large differential can have important implications.

Personality traits of the deaf client should be a major consideration in the rehabilitation diagnosis. Mr. Jones has mentioned the immaturity of the deaf in comparison with the hearing. Immaturity in a client will, of course, affect the rehabilitation diagnosis and subsequent planning, but we should take care to differentiate between immaturity and lack of experience since the latter does not present as many obstacles in the rehabilitation process.

I would like to make one final comment on Mr. Jones' paper. Definitions of the term "the deaf" are necessary in the sense that we must have some way of determining just who we are talking about. However, it would be wise if we limit our use of the term to a description of hearing loss and refrain from statements about the so-called "average" deaf person. Dr. Richard M. Flower underscored this view when he stated:

> Whatever the inadequacies of the term 'deaf' when utilized to describe an arbitrary level of limitation of auditory facility, we really open a chamber of semantic horror when we consider its application in labeling a group of human beings. The literature is filled with statements about the deaf which have nothing to do with hearing sensitivity. (1963)

What I am attempting to convey is that the counselor should be wary of any preconceptions about the behavioral characteristics of his deaf clients lest it affect his ability to judge objectively factors relevant in the rehabilitation diagnosis.

Switzer's statement (1966) quoted by Mr. Jones brings into focus the crucial role of the rehabilitation diagnosis in the rehabilitation of the deaf client. Once we have determined what is involved in a given case, as well as what to do about it, the remaining steps in the vocational rehabilitation process will become clear.

SUMMARY OF DISCUSSION

Jerome G. Alpiner

Richard E. Walker

The following pages summarize the discussion on vocational rehabilitation diagnosis.

Definition of Vocational Rehabilitation Diagnosis

Vocational rehabilitation diagnosis, the direct responsibility of the vocational rehabilitation counselor, is that process by which the counselor receives evaluation reports from consultants and interprets the information necessary to answer the three questions of eligibility and to determine the vocational needs of the client. The three conditions of eligibility are:

A. The applicant has a mental and/or physical disability.
B. The existence of a substantial vocational handicap.
C. There is a reasonable expectation of achieving vocational rehabilitation.

The above definition applies to those individuals who are experiencing difficulty in obtaining, retaining, or regaining appropriate employment.

Information for the Vocational Rehabilitation Diagnosis

The flow chart (Figure 1) shows the vocational rehabilitation process as related to the vocational rehabilitation diagnosis. It illustrates the information needed to establish the existence of a disability, the existence of a substantial vocational handicap in order to arrive at a reasonable expectation that the client will or will not be able to engage in employment and to arrive at conclusions and predictions considering the rendering of service. These requirements are considered to be a minimum and the specific items and explanations under each item are described in the following discussion.

A. *General Medical Examination:*

The general medical needs of deaf persons are the same as the needs for the nondeaf. The counselor may want to request specific information from the physician that he feels or knows is disturbing the client. The general health survey is done by the vocational rehabilitation counselor so that he may obtain the client's estimation of his general health. This will enable him to integrate this information into the total vocational rehabilitation diagnosis.

The general medical examination may also be utilized, in the case of deaf clients, to determine the existence of other medical conditions. The general health survey by the counselor and the medical examination by the physician will give an estimation of the client's medical condition and additional medical needs.

B. *Otological Evaluation:*

The medical information from the otologist is evaluated in terms of total diagnostic planning for possible physical restoration and/or conservation of the hearing mechanism. It is pertinent to note that what may be medically indicated may not be feasible in terms of the client's total diagnostic picture. The implementation of the otological recommendations may be dependent upon many factors, such as: client's acceptance, psychological factors, i.e., emotional status, intellectual level, age, social situation, vocational expectancy and medical factors.

C. *Communication Evaluation:*

1. *Audiological Evaluation.* This evaluation should be used for the determination of:

   a. The present level of the client's hearing function.

   b. The possible improvement of hearing function through the use of amplification.

   c. The feasibility of pre- and post- hearing aid orientation to help determine the limitations and/or advantages of amplification.

   d. The feasibility of recommending supplemental assistance with lipreading (speechreading) and/or auditory training. The prognosis for these kinds of therapy should be indicated in the audiological report.

2. *Speech Evaluation.* This evaluation should be used for the determination of:

   a. Present intelligibility of the client's speech.

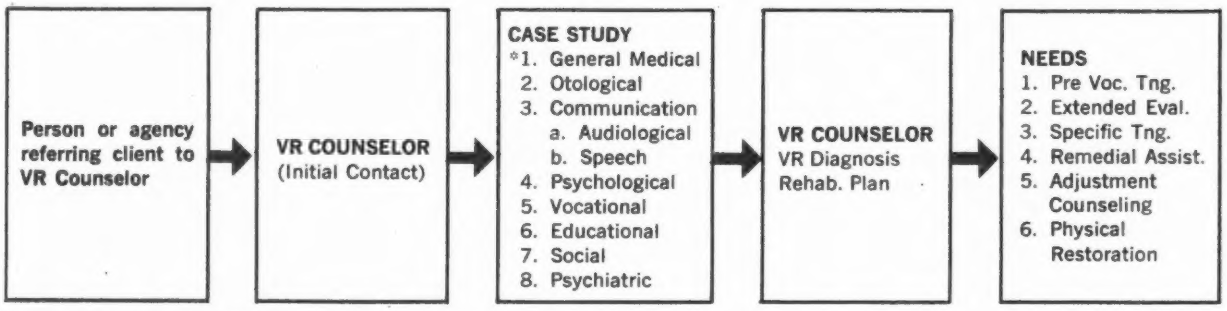
   b. The potential for improving the client's speech intelligibility.

   c. Suggested specific therapy programs, length of time of therapy programs, and type of therapy. A specific therapy program should be considered in terms of the role of the speech (hearing) therapist, the client, the family, and other persons who may have direct contact with the client.

Special Note: It is the responsibility of the counselor to assess whether this person's major method of communication will be either oral, manual, or any combination of the two.

C. *Psychological Evaluation*

Psychological evaluation of the deaf client is difficult to the extent of requiring special training and experience. Any evaluation done by a psychologist, not familiar with the communication prob-


Person or agency referring client to VR Counselor
VR COUNSELOR
(Initial Contact)
CASE STUDY
*1. General Medical
2. Otological
3. Communication
a. Audiological
b. Speech
4. Psychological
5. Vocational
6. Educational
7. Social
8. Psychiatric
VR COUNSELOR
VR Diagnosis
Rehab. Plan
NEEDS
1. Pre Voc. Tng.
2. Extended Eval.
3. Specific Tng.
4. Remedial Assist.
5. Adjustment Counseling
6. Physical Restoration

*Required; others as needed and determined by VR Counselor.

Figure 1.—FLOW CHART INDICATING THE REHABILITATION PROCESS AS RELATED TO THE VOCATIONAL REHABILITATION DIAGNOSIS OF THE DEAF

lems which deafness presents, should be interpreted with caution.

The counselor needs a determination of the client's intellectual function, personality structure, interests, job aptitudes, and achievement level. It is suggested that these assessments be made on the basis of appropriate performance or non-verbal measuring instruments. The most desirable features of the report are the observations of the client's behavior, the test results, interpretation of the test results, recommendations, and summary. This is one of the key assessments in aiding the counselor, together with other information, in arriving at a vocational diagnosis and in determining the client's problems and assisting in determining the realistic vocational goal and/or placement.

D. *Vocational Evaluation:*

There are pre-vocational factors that are essential in the client's general vocational adjustment which should be carefully considered in the total vocational diagnostic picture.

The vocational assessment can be obtained through previous work history, school reports, test results, stated interests and hobbies. If this information is not available, such as in the case of a deaf person who has never been gainfully employed, an evaluation at a pre-vocational center, workshop, or on-the-job vocational exploration or trial may be needed.

Some important factors in assessing vocational goals are:

1. Client's motor skills.
2. Visual-hand coordination.
3. Manual dexterity.
4. Ability to measure.
5. Memory span.
6. Social and vocational adaptation.
7. Color-blindness.
8. Ability to follow and recall directions.
9. Degree of supervision required.
10. Interpersonal relationships with employer and fellow employees.
11. Any physical limitations which would limit the client's performance.
12. Acceptance of deafness

E. *Educational Evaluation.*

The vocational rehabilitation counselor should undertake the development of a close working relationship with the schools attended by the client. This is done in order to have access to valuable information. Information in the school's cumulative record which will be of benefit include:

1. Teacher's comments.
2. School progress.
3. House parent's and counselors' reports.
4. Recent achievement test scores (reading and mathematics of particular importance).
5. Audiological, speech, and health records.
6. Attendance records.
7. Extracurricular activities.
8. Any honors received.
9. Level of aspiration.
10. Client's ability to relate to authority.
11. Client's acceptance of and by peers.
12. Relationship between parents and school.

F. *Social Evaluation.*

The counselor should attempt to determine the impact of deafness upon the client and the client's family (developmental history). The present strengths and weaknesses within the client and his family, and their immediate environment, which might support or impede the various phases of the rehabilitation process should also be determined. The counselor should pay particular attention to the methods of communication within the family, the family's aspirations for the client and his relationship to other siblings.

This information might be obtained from the client, the client's family, school records, the client's religious leader and social service agencies which may have had contact with the client in the past. Although social work data have not been a common evaluative resource in the past for assisting with the vocational rehabilitation diagnosis, the increasing availability of this source of information should be explored.

In conclusion, the vocational rehabilitation diagnosis in essence refers to evaluation, utilization, and summarization of all available pertinent data for purposes of establishing eligibility, vocational objectives, and emphasizing the major needs and problems of the deaf client. The counselor should have the analytical ability to separate relevant from irrelevant data, to consider each factor in relation to the whole, and to synthesize the substantial facts into a meaningful pattern. Finally, as provided under existing Federal legislation, the counselor should make use of interpreters whenever this would result in obtaining more comprehensive data for the vocational rehabilitation diagnosis.

V. PLANNING GOALS AND SERVICES FOR THE DEAF

Beatrice Lamb

It would be difficult for me to begin writing about the procedure that I use in planning goals and services for the deaf without first reflecting on the information obtained in the case study. The case study, as it is used in this paper, is defined as a compilation of case data necessary in helping to formulate appropriate vocational objectives and goals with deaf clients. The case data should include:

1. Medical diagnosis
2. Psychological information pertaining to intelligence and aptitudes
3. Educational achievement
4. Home and family relationships
5. Personal and social adjustments
6. Client's method of communicating (lip-reading, speaking, writing, manual)
7. Vocational history
8. Psychiatric information, if necessary.

The method of obtaining the aforementioned components of the case data varies. However, medical diagnosis is made by highly qualified persons in the medical field. This includes general practitioners, otologists, audiologists, internists, and other specialists depending on the individual medical needs of the client.

Educational history is very often obtained from the residential school for the deaf and day schools. If no school record is available, much can be learned from whatever information the client gives. The language that the client uses, and the language level that he is able to understand (written and manual), gives the rehabilitation counselor some necessary insights into the client's achievements.

Psychological tests are a part of the case data. In my opinion, psychological test results showing intellectual functioning, aptitudes interest and personality traits, are important tools to be used in the vocational planning program. As with all tests, one must be careful not to rely too heavily on the results obtained. The value of aptitude, personality, and interest tests is enhanced when they are skillfully administered and interpreted with sophistication. This requires skill and experience on the part of both the psychologist and the counselor.

Many of my deaf clients are young adults. Some are still in high school or recent graduates from high school. I find it extremely important to learn as much as I can about the following questions: Is the client the only deaf person in his family? At what age did the client become deaf? How does he communicate with his family? How do they communicate with him? Do they object to using manual communication? I have observed that some parents of deaf children have difficulty communicating with their children. Some of the children are not good speech readers. The parents generally have not learned manual communication. Therefore, communication is blocked because it becomes too frustrating for both the deaf persons and the parents.

Personal and social adjustment are very important aspects of the case data. How does the deaf person see himself in this highly competitive hearing society? Is he resentful of hearing persons? Inasmuch as the deaf are, for the most part, dependent upon hearing persons for employment, it is important to evaluate the client's personal adjustment as it relates to his ability to adjust to employers and co-workers. It has been my observation that once a deaf person obtains a job, the co-workers are intrigued and fascinated by the manual communication that the deaf person uses. I maintain that the deaf should strive to use whatever communication skills they have, speech reading, speech, writing skills in conjunction with manual communication. Hopefully, by doing so, communication will be made easier for all concerned.

While I agree that discrimination in employment of the deaf does exist, I can also appreciate the employer's viewpoint in insisting that a worker is an asset only if he produces enough to make a profit for the employer. Consequently, he must be punctual, come to work regularly, and notify the employer when he must be absent. He should not expect great changes in the duties of a job to accommodate him.

If the client has a vocational history, this is evaluated in terms of the client's stability on the job, the type of job he has held and the reason for the termination.

Psychiatric information or treatment may or may not be necessary. But, the necessity for such information or treatment depends on the personal information obtained from the client through counseling sessions and personal observations by the rehabilitation counselor.

The type of deaf persons that I work with varies; deaf mentally retarded, deaf without communication skills (manual or oral), psychiatrically impaired deaf with extremely limited language, educationally deprived, the deaf female who is interested in becoming a homemaker or a clerical worker, the deaf male who is interested in learning and working in a skilled trade, the deaf with academic potentials interested in becoming professional workers.

Each client is different and brings with him individual strengths and weaknesses that are evaluated according to the client's expressed vocational interest, the personal evaluation from the rehabilitation counselor, and all pertinent information in the case data.

In planning for the deaf mentally retarded, every consideration is given and a thorough evaluation is made to aid the client in reaching his optimum potential. This is most times done by finding the client a noncompetitive type job usually in a sheltered shop. At the same time, the rehabilitation counselor can engage a teacher to work with the client in language development, commuting in the city on public transportation, etc. Sometimes aural rehabilitation programs are recommended by persons in the medical professions if agreeable with the client. It is felt that a comprehensive plan such as this will enable the client to become gainfully employed, make a social adjustment, and gain confidence so that he can compete at his optimum level.

For those deaf persons with psychiatric problems, we are now able to use the services of a psychiatrist who can, in appropriate cases, offer therapy. A psychiatrist who communicates manually, and is knowledgeable of the problems of deafness, can contribute greatly to the rehabilitation of many deaf persons.

Many deaf persons are educationally deprived. Some have had no formal education, others have been dismissed from school for whatever reasons before completing their education. While it is not my intention to argue the reasons for or against premature dismissal from school, I would suggest that educators try to work with "the problem student" by using all available staff (or increase the staff). I also suggest that the deaf student should be dismissed only after all avenues have been explored to help resolve the problems the student may have or may create. However, the Department of Rehabilitation in California does plan a program for this type of client. The plan may include language tutoring (private or in adult education programs for the deaf) training in a training facility or on-the-job training. Aural rehabilitation has not been looked upon as necessary or possible for some clients. However, it is now being included in the planning if the client is willing and can gain some benefit from same. The value of aural rehabilitation (speech therapy, hearing aids) is now being recognized by some deaf persons who heretofore have not received this type of service. It is true that this type of rehabilitation service may be beneficial to only a few deaf. However, I feel that if a few can receive functional benefit and it makes performance on the job easier in that they are aware of their environment, both vocationally and socially, then these services should be made available to them.

Many deaf persons are becoming increasingly interested in clerical work. This seems to be especially appealing to the younger female deaf. And, there are jobs available for the well trained clerical worker. Based on information in the case study and the client's interest, clerical training courses can be arranged. Many training facilities in California are willing to train the deaf provided they do not have to spend an excessive amount of time doing so. Therefore, interpreters, tutors and notetakers are engaged to work with the persons while they are in training thereby eliminating the extra time that would be required by the teachers. This is equally true in training the deaf male who wishes to pursue the field of accounting or IBM programming.

It is generally agreed that schools for the deaf throughout the country are finding it increasingly difficult to train persons in the schools' vocational shops in useful, meaningful skills that can be used after graduation. This, I feel, is the situation because of the lack of trained staff and the lack of modern up-to-date equipment necessary for the training.

It is my impression that many of our public vocational schools are well equipped with competent trade instructors and modern up-to-date machinery.

An on-going program in a public vocational school in San Francisco is now providing training to a number of deaf persons in our community. This unique program is operating jointly through the Department of Rehabilitation and the Unified School District of San Francisco.

As I previously mentioned, it is imperative that all community resources be utilized in order to provide better services to the deaf. The program at John O'Connell Vocational Institute is representative of a cooperative type community endeavor. The students who are enrolled are those students with mechanical aptitudes, interest, and motivation to learn a trade. They receive classroom instruction along with hearing students and are aided in receiving these instructions by the services of a resource teacher who works as a liaison person between the deaf students and the teachers. They also receive aid in learning their instructions by the use of tape recorded lectures which are interpreted to them and typed for them by the resource teacher. These deaf persons also receive academic instructions—related trade terminology in conjunction with their vocational training. Group counseling with the deaf is also used as an integral part of this planned vocational program.

A considerable number of deaf clients are now studying for a college degree both on the bachelor level and on the masters level. For the most part, the deaf student with academic potential studies and receives his degree at Gallaudet College. However, there are a few who do not wish to attend Gallaudet. The reasons sometimes given are family pressures, student's previous educational training (manual or oral), student's choice of courses. For these students who can and do appropriately fit into other college settings, various methods of assistance are given. For example, a student who communicates orally—good speech reader, has speech and uses it, and is desirous of attending a "hearing college" for whatever personal or family reasons may receive the services of a classroom interpreter or a notetaker. He may also have his classroom lectures tape recorded and engage a hearing person to interpret or type the lectures.

The type of college that such a person may attend depends upon the vocational objective and his communication skills. This, in my experience, may vary from a small college to a large State college.

In closing, it is important now to reflect on some of the aforementioned statements made in this paper. A case study is, in my opinion, a very important step in rehabilitation for all handicapped persons. And, particularly in planning goals and services for the deaf. It is my belief that a thorough job must be done in collecting pertinent case data before the rehabilitation counselor can begin to counsel with the client in formulating a vocational objective.

Counseling, however, may begin long before the vocational objective is agreed upon and is an integral and important part of the rehabilitation services. The rehabilitation counselor should not use a method of counseling preached as "the right method." It is my opinion that the type of method used should be geared to the individual client's needs.

However, it has been my experience that some deaf persons have been sheltered and protected from the real pressures of society far too much. And, some have no real understanding of the work-a-day world and how they must adhere to the demands of a job.

Therefore, I suggest that educators, parents and all of us who are directly or indirectly involved in the rehabilitation of the deaf do everything possible to assist the deaf in obtaining better education, more meaningful training, appropriate counseling and exposure to the demands of this modern, highly competitive society.

These important factors in conjunction with an increased awareness of various occupational outlets will produce more competent deaf workers.

We must all direct our efforts to the rehabilitation of this previously neglected group. Parents, educators, rehabilitation counselors, persons in the medical field and the community must all cooperate in this rehabilitation process. It is only through the help and cooperation of all that we will be able to provide better services to the deaf and by so doing we will inspire the deaf person to help us help him.

COMMENTARY ON PLANNING GOALS AND SERVICES FOR THE DEAF

Edna P. Adler

Mrs. Lamb, in her report, places great weight on the need for adequate case data for effective vocational counseling. Indirectly, she implies that counseling is the main tool for programming goals and services for the deaf and she is most right. Correct interpretation and evaluation of case data in its relationship to programming of goals and services for eventual rehabilitation of the deaf client, by *both* the counselor and the deaf client, is very important. Insufficient treatment of this phase of the vocational rehabilitation process can place successful outcome in extreme jeopardy. The need for a full understanding of his medical, educational, social, personal, and vocational background may not at first be clear to the deaf client but with patient guidance from the counselor, he will see the portent of all this information for his own best employment outlook. There is as definite a dollar value to effective counseling of the deaf client as there is for nondeaf people. It is highly important that all counselors utilize this tool whether they be specially trained to work with the deaf or are general counselors who occasionally serve a deaf client.

The specially trained counselor of the deaf who is highly communicative and who has those personal qualities that instill faith and trust in a deaf client, will not experience much difficulty in establishing a productive counseling situation. The general counselor will normally find that he can communicate with the top 20% of the adult deaf population. However, he very likely cannot put his counseling skills to best use with the majority of deaf adults who lack both the language needs and the experience to appreciate his highly developed counseling techniques. It is now possible through the authorization of Public Law 89–333, for State divisions of vocational rehabilitation to provide professional interpreters for deaf clients who need them for vocational rehabilitation. The Registry of Interpreters of the Deaf, which the Vocational Rehabilitation Administration helped to develop, maintains both national and local registries of qualified interpreters to which counselors may refer for needed services for their deaf clients.

Provision of interpreting services for deaf clients of State vocational rehabilitation agencies is one of the important new concepts of serving the deaf in the effort to reduce their core problem which is communication. With the best interests of his occasional deaf client in mind, the general counselor will want to seek the services of a professional interpreter who has the particular skills needed by the individual at hand. This may be skill in reception and expression of the sign language as normally used by the deaf; it may be interpretation of gross gestures of nonverbal deaf referrals; or it may be skill in oral interpretation for the orally trained deaf person whose speech is not distinct enough for the counselor but is understandable to the interpreter. Use of a professional interpreter can help the general counselor to maintain the same high level of counseling services for his deaf clients that he is accustomed to offering to his other clients. However, it should be regarded as a substitute measure, and as something that is second best to direct communication between the counselor and the client. The counselor who rather frequently serves deaf people should seriously consider enrolling in a local sign language class.

The counseling situation is more often than not a learning situation for the deaf client and as such has tremendous value for him. It is an experience in interpersonal dynamics that will leave important residual effects and greatly modify the deaf person's behavior and make his entry or re-entry into the employment area that much more effective. Among other things, he will have learned how to go through the motions of establishing a satisfactory social relationship for purposes of employment; to have observed the behavior required of such situations as they pertain to personal appearance and decorum; and to have made his deafness as unobtrusive as possible without denying it.

Counseling is almost certain to involve the deaf client's family and for them also it can be a learning situation. Unrealistic attitudes toward the disability of deafness can be greatly dissipated through friendly counseling. It is a fact that most families welcome information on the general subject of deafness. They are anxious to do all they can to maximize normal opportunities for deaf people for enjoyment of living that necessarily includes satisfactory employment. There are also those families that have increased the problem of deafness for their handicapped member through ego-shattering rejection on the one hand, or oversheltered protection resulting in overdependence and withdrawal. Family attitudes such as these must be changed before any appreciable improvement can be expected of the deaf person himself. The counselor will be cognizant of his responsibility for making allies of a deaf client's family to help him in his rehabilitation efforts.

It is characteristic of some deaf persons to resist counseling. Their long dependence on others fosters an insistent urge to develop their own earning power at the earliest possible moment regardless of the fitness of available employment. Their frequent attitude is wanting to earn and not specifically to serve. Skillful counseling is needed to make the deaf client aware of his *own* uniqueness and of the contributions that through development of personal qualifications he can make to society. He will need to understand that in the end this will give him much greater satisfaction besides providing him with possibly more than just the necessities of life.

Interpreting the Case Data

A large obstacle in interpreting case data may be the reluctance of many deaf clients to have a medical examination that includes audiological evaluation. The counselor will need to stress agency requirements of proof of a hearing handicap as a prerequisite for services and also, to ascertain whether other disabilities are present that may interfere with vocational rehabilitation. In the case of multiple disabilities, careful counseling will prepare the deaf client for acceptance of limited employment such as is found in sheltered workshops. There is a definite need for the deaf client to have developed a realistic attitude toward his total disability and to relate his planned program of goals and services to established medical findings. All possible aid should be given to deaf clients to utilize residual hearing through the many devices that are becoming increasingly available and to have the opportunity to regain *through surgery,* whatever amount of hearing *is possible.*

Interpreting Psychological Information

The deaf persons that a single counselor will serve will have the same spread in intellectual capacity, motor skills, and personal, social, and occupational adjustment abilities that hearing persons have. Psychological testing of deaf persons when carefully interpreted and evaluated can provide reinforcement for observations made by others including the counselor. Unless there is a specific need for psychological testing such as to determine mental capacity or motor skills for a given occupation, or, to ascertain mental retardation or emotional stability there is little purpose for more than routine use of psychological tests. The continuing lack of meaningful norms for deaf people for well-known aptitude tests makes their use of little value.

Interpreting Educational, Personal, and Social Information

In interpreting educational, personal, and social information, the counselor will want to consider the importance that communication skills have in these areas. The highly successful terminal student of a residential school for the deaf, or of a day school or classes for the deaf, will normally have the communication skills that will help to propel him into training and employment areas that *will* give him satisfaction and challenge. The less communicatively able who *are* the majority group will bear the marks of personal, educational, and social deprivations. While evaluating a deaf client's educational history, it will be important for the counselor to bear upon the relationship between school achievement and employment opportunities. Both the deaf client and the counselor *must understand* that language deficiencies are the main contributors to communication problems and that alleviating them is a necessary part of the rehabilitation program.

One of the new concepts of service for deaf people places high priority on the reduction of language deficiency which is now recognized as the most serious deterrent to vocational success. It will be the counselor's responsibility to determine the best way to help the individual deaf client with his particular language problem. He will want to consult many people in the special education field and in vocational rehabilitation about facilities that offer highly specialized services for severely language-handicapped deaf adults. The 6 to 18 month evaluation of vocational rehabilitation potential authorized by Public Law 89–333 makes highly trained personnel using newly developed methods available for even the most nonfeasible deaf clients.

The counselor will also make extensive inquiries and investigations into training opportunities in facilities for normally hearing persons that will meet the needs of others of his deaf clients. These will range from trade schools to high level technical institutes and colleges. The counselor will want to fill the individual needs of his deaf clients as completely as he can. This has become much easier with greatly expanded Federal support for State divisions of vocational rehabilitation. Training opportunities for deaf people need to be increased. It is the counselor's responsibility to help implement this movement by locating and developing new training situations in the course of his program planning.

Mrs. Lamb has found through her own placement experience that the deaf employee who consistently uses the language of signs, along with whatever other communication skills he possesses, makes a better occupational adjustment. This is an interesting observation and one that all counselors might consider in their counseling of deaf clients. On the other hand, Mrs. Lamb is a strong believer in aural rehabilitation for those who want it and can profit from it. As she says, this interest of deaf people in aural improvement indicates a changing attitude and a realization of the importance of speech and speech reading for increasing employment potential. The counselor must, however, be careful that the deaf client has a good language base before venturing into speech therapy. Otherwise it will be a waste of time and money.

It is probably important to say here that in interpreting and evaluating educational records, the counselor should realize that often they are records of opportunity to learn more than of intellectual capacity. This may be because the wrong method was applied, or the education experience came too late.

Within the interpretation and evaluation structure, it is well to remember that of all available case data, the best is always the deaf client himself. Consciously and unconsciously, he is his own best informant. The counselor's need of the client is as great as the client's of the counselor. Permitting the deaf client to remain a bystander in the serious business of programming his future because of inadequate communication is a flagrant misuse of a prime source of information.

Using Occupational Information

The highly verbal deaf client will look forward to extensive occupational counseling. It is important that he receive comprehensive information of the many training and employment opportunities that are being made possible for him. The present emphasis on full utilization of talented deaf people places a certain grave responsibility on the counselor. He will want to evaluate carefully the well-endowed deaf person in order that he can provide him with the absolute maximum of services.

The less verbal and more remote client will require a different type of orientation to occupations. This may include field visits, work training experiences and the involvement of other deaf persons who are already successfully employed or who are extremely knowledgeable about the needs of the deaf. The poor reading skills of the majority of deaf clients places an additional burden on the counselor who must communicate occupational information instead of assigning reading material on the subject. It again becomes evident at this point *how necessary communication is for planning goals and services for the deaf.* In assessing the vocational history of a deaf client it will be well for the counselor to interpret correctly data on the client's communication skills. If they were the root cause for job failure as they often are, the counselor will want to plan a program of services revolving around necessary language development.

Justification of Services

The increasing cost of planning the more penetrating programs of goals and services for deaf clients that are mandated by Public Law 89–333 may at times be difficult to justify when measured against traditional practices. It will be important for the counselor to prepare a well-reasoned narrative statement for justification of services that he knows to be absolutely necessary and desirable for the maximal vocational rehabilitation of his deaf client.

In summary I wish to reiterate that planning goals and services for the deaf involves the joint effort of the counselor and the client. To do so requires a high degree of communication skill on the part of the counselor, or the services of a professional interpreter. The counseling situation is an important learning situation for deaf clients and their families and should be fully utilized as such. The case data is a matter of deep concern to both the counselor and the client who evaluate and interpret it in terms of programming goals and services that will produce maximum employment opportunity. The counselor has the responsibility of gathering and conveying information to the client on a wide range of training and employment possibilities that are becoming increasingly available to deaf people. Together, the counselor and the deaf client, plan a comprehensive program of rehabilitation services that cover the clients' needs in reducing the handicapping aspects of his hearing loss and bring his rehabilitation to a successful closure.

SUMMARY OF DISCUSSION

Glenn T. Lloyd
Arthur O. Washburn

Once the counselor has completed the initial steps involving the medical evaluation, determination of eligibility, motivation, orientation to the purposes of vocational rehabilitation, appropriate psychological evaluation, the case history, and the vocational rehabilitation diagnosis based on this data, he is ready to proceed with the planning of the goals and services with the client. Our purpose here is to discuss this aspect with regard to the way in which it should be accomplished and problems which may obtain at this point.

As a base for discussion, the definition of "planning" as given in the handbook was agreed upon. It goes as follows: "Planning as used in vocational rehabilitation refers to that phase of the casework process in which the counselor and the client project the rehabilitation services that are needed for the client's employment preparation or adjustment and make the necessary arrangements."

The group agreed that we could discuss our topic on the basis of a three group classification:

1. *Low*—illiterate, deprived in various ways; client has a dearth of communication skills.
2. *Mid*—semi-literate; achievement at about the sixth grade level as measured on a standardized test (such as the Stanford); client has reasonable communication skills.
3. *High*—literate; probably with a high school level of education or above; client has well developed communication skills.

Potential of a client in any of the three groups may be quite high, therefore, IQ was not considered as necessarily relevant in classification into any of the three groups. Upward mobility would, therefore, be possible from any group. The problem of communication is basic and obtains at any given level.

Discussion Pertaining to the Low Group

The first point of discussion within the group revolved around planning goals and services *for* the client as opposed to planning goals and services *with* the client. It was pointed out that the client is always involved in the planning process even if not in the decision making. Although it is desirable to always plan *with* the client, the unrealistic goals of the sub-marginal client and the possibility of the inability to interact with the counselor, may make it necessary for the counselor to plan *for* the client. This planning *for* the client would be for the purpose of bringing his aspirations to a realistic level . . . then the counseling can be accomplished *with* the client. During the "for" stage, the family of the client must also be involved if at all possible, because the goals the family may have set for the client must also be considered since they may be reflected in the client's own aspirations.

If the client is not socially mature, he may have to be told what to do in the early stages; as he matures socially, he begins to make more decisions for himself.

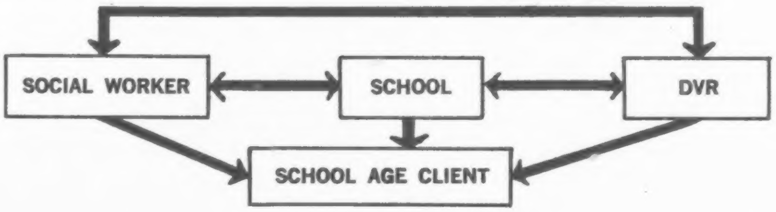
Discussion Pertaining to Mid Group

The group felt that the VR counselor should contact the client as early as possible and, therefore, the planning with the client with this group could start in the school situation since this is probably where clients in this group would be located. Within this "mid" group there are some "tough nuts to crack"; the school-age client and his family's attitudes are of vital concern to the counselor. If the counselor can become involved early enough, more effective counseling may be acccomplished. The school-age client does not invest very much in his vocational goals due to factors of immaturity and lack of occupational information which may be made available to him through counseling services. Teachers and parents often may not be aware of DVR as an agency and that it has vital services to offer and definite purposes for the vocational adjustment and success of the school-age client. The deaf child is in "a captive environment"; the counselor has to "invade" that environment. The group feeling was that we must emphasize the importance of contacting the child in school as early as possible in order that a school-DVR cooperative effort may be established in order to promote the vocational adjustment and success of each "client."

It was the consensus that the following outline be considered as a guide:

The establishment of an inter-agency relationship.
a. Dissemination by DVR to schools of goals, reason for existence, and available services
Development of cooperative programs within the schools.
a. Early involvement with parents; individually and in groups
1. Realistic expectations re the children
b. To provide opportunity for early contact with the children
c. To assist in curriculum planning (ADL)
d. To provide counseling and guidance services.

The following diagram may be considered as a schematic representation of the relationship of the School, DVR, Social Work, and the client himself. This is not meant to construe that other apropos agencies and services would be excluded:



There was discussion with regard to the "institutionalized" client. It was felt that the goal for these clients would be suitable employment. However, it was also felt that vocational goals may have to be postponed until the client has been enabled to reach the point where he may be able to interact effectively with the counselor.

Discussion Pertaining to the High Group

The basic discussion revolved around the question of how the counselor works with this person who is literate and in addition has high potential.

Specific community resources should be exploited by the vocational rehabilitation counselor in an attempt to provide services for his deaf clients. A great deal of discussion revolved about this topic with a number of examples given relative to specific localities. It was felt that it would not be feasible to list, comprehensively, such resources, but that each community should be surveyed and important contacts made with such groups as local deaf organizations, chambers of commerce, social and family welfare agencies, educational facilities.

Consideration must be given to the raising of the language level to the vocational potential level and/or projected vocational placement. Vocational success is directly related to, among other things, language level consistent with the demands of the vocation. However, language build-up must not forestall or delay placement unduly. Services should be provided in this area due to the fact that there seems to be virtually no area in which communication is not a vital problem. Cooperative effort between the School and DVR might afford a vital opportunity for the alleviation of this problem.

A committee had been set up to make a proposal relative to the ways in which effective coordination and exchange of pertinent information could be established between DVR counselors and institutions of higher education. A summation of points follows:

1. A counselor-coordinator should be on the staff of a college to act as liaison between the deaf students and their local counselor when the population of deaf students justifies this.
2. Representatives from interested colleges should visit prospective students in various State and public schools for the deaf at least every two years.
3. A State in-service training grant or a Federal grant for rehabilitation counselors for the deaf should be established to provide for a period of not less than one week at an appropriate institution of higher education to:

(a) Acquaint themselves with the facilities and personnel of the institution (general orientation).

(b) Discuss problems that have existed in the past and formulate plans to resolve same with appropriate personnel (such as school academic progress reports).

(c) After orientation at the college, the counselor should be able to assist in and coordinate orientation of the deaf client and his family about college adjustments and expectations before he leaves for college (during and after his preparation in the local school program).

It was felt that DVR has a sizable investment in supporting students in post-secondary education, and therefore, should have some voice in the decision as to whether or not the client undertakes such education or training.

In guiding the deaf client who desires career training, the vocational rehabilitation counselor must make a realistic appraisal of the client's potential for success. This appraisal assumes special importance in counseling for higher education in a college or university since the length of training can cover four or more years and considerable financial expenditures can be involved.

The counselor should think in terms of the following during his appraisal:

1. The client should have a general achievement level of at least 9.5 or 10.0 as measured by an advanced form of a standardized achievement test battery. He should have a reading comprehension level of at least 8.0 as measured by the same achievement test, and at least one other specialized advanced-level reading test should be used for verification.
2. He should demonstrate intellectual ability in the average or above-average range as measured by a reliable standardized means, and this intellectual ability should be validated by commensurate performance in high school.
3. There should be evidence of adequate personal and social maturity as well as sufficient self-motivation to pursue study at the college or university level.
4. Planning goals and services should be based on availability of vocational opportunities in the area of the client's intended residence. He should have adequate ability in the area of expressive communication, especially in a written form. This ability is not measured by existing school achievement tests of language, but is demonstrated by the client's ability to write clearly and effectively. This ability can be reasonably determined by examples of creative writing done by the client.

The consensus was that this should be a major consideration in the counselor's planning. It was recommended that the question be changed to a statement for inclusion into the report, namely: Planning goals and services aimed at vocational placement should be based on availability of vocational opportunities.

The following statement was agreed upon: Family involvement should be as extensive as necessary during the planning goals and services phase of the vocational rehabilitation process, whenever possible, and at any stage of the vocational rehabilitation process.

VI. PROVISION OF SERVICES

Harry W. Troop

With one exception, this paper will confine itself to the services which the counselor, himself, provides to the deaf client; that is, counseling, placement and follow-up. It will not concern itself with those services purchased for the client from other sources.

The one exception will be that of a few introductory remarks, or perhaps words of caution, regarding this matter of standards, particularly standards for serving the deaf. I feel, as most people apparently do, that there is value in, and justification for, establishing standards for a wide variety of activities, particularly so for the provision of professional services to other human beings.

There is also an underlying danger in the establishment of standards which, if not recognized and precautioned against, would, or could, result ultimately in more harm than good being done to the group being served. Perhaps I could better explain this by making a comparison of standards to alcohol.

Alcohol, in itself, is neither good nor bad: contained in a bottle on a shelf it has the capacity to perform most beneficially for mankind or to be the ruination of thousands of individuals, doing immeasurable damage to families, our economic structure and our society as a whole. Its goodness or badness depends on its state, its strength and the manner in which it is used; but in itself, it is neither good nor bad.

So it is with standards; by themselves, they are neither good nor bad, but they do good or harm in proportion to their strength and the manner and degree to which they are applied and enforced. Yet, it is a waste of time to establish standards unless they *are* applied and enforced in some manner.

The words of caution, then, as we go about establishing standards for rehabilitating the deaf should be that we take care lest these standards, if applied and enforced, make it very difficult, if not impossible, for the counselor to adhere to; or for that matter, finding individuals qualified to serve the deaf. There are precious few of them today, as it is.

Our standards must be such that they do prove beneficial to our deaf population, that they provide the counselor with useful guidelines, but, also, that they allow the counselor certain latitude and flexibility within which he can operate.

Counseling

So much for standards, as such. Let us now move on to the first of the three services provided to the deaf client by the counselor—that of counseling.

Perhaps I shouldn't even mention the fact that effective counseling implies that an effective means of communication be established between the counselor and the client. This is fundamental, but I must mention it because too often this very basic ingredient is left out of the recipe. It is, of course, understandable that a general counselor, unfamiliar with and having no ability in methods of communicating with the deaf, would not be able to establish an effective counseling situation—he would not be expected to.

But it is not understandable why a counselor with these communication skills should fail to establish such an effective counseling situation. Yet, this does happen! The counselor establishes the method of communicating which he wishes to establish, regardless of whether or not it is the method the client wishes to have established.

Why this happens, when it does, I don't know. Perhaps, the counselor, in his pressured schedule, overlooks the fundamental principle of determining which method of communication is best suited to the given individual. Perhaps, he simply wants to establish his position of authority, saying in so many words, "All right, if we are to get along together, it will be on my terms and in my way."

I just don't know the reasoning behind it; I do know I have seen it happen.

It may well be that there are brought out here, two points for your consideration: (1) the establishment of standards regarding qualifications of individuals desiring to work in the field of counseling the deaf, and (2) standards pertaining to the establishment of a mutually acceptable method of communication.

Counseling, in order to be effective and of benefit to the deaf client, must be dialogue, not monologue; there must be an exchange of thoughts, ideas, desires, needs, and feelings. Counseling is not counseling when the counselor does all the "talking," it is dictating.

Again, this is so basic that it might seem redundant even to mention it. On the other hand, in considering establishing of standards it might be necessary that we start back at the level of the basics. But basic or not, I am confident that you are all familiar with programs of services planned *for* the deaf client, not planned *with* him, and this is essentially what I have in mind when I say that the counseling must be a two way street; it must be "with," not "to."

During the past few years, as the role of the counselor has gained in stature across the country, the term "counseling" seems to have taken on a connotation of being almost a magical word or process whereby miracles are performed. It implies to some an activity which is above and beyond, set aside from, the other activities involved in the process of rehabilitation: almost to the point of being able to say at any given moment, "Now I am counseling: now I am finished counseling."

Actually, counseling, whether with the deaf or with any disabled person, is not something that can be turned on and off like a light switch, but, rather it should be so finely interwoven with the total pattern of the rehabilitation process than one could not and should not be able to separate it one from the other.

Such an interweaving is possible and does result when another basic premise is met—the premise that the counselor is genuinely and sincerely interested in the client as a person, in his future welfare and in providing him with the rehabilitation services he needs. When that interest and desire to be of assistance prevails, effective counseling *will* result, the counselor *will* be a success, the client *will* be helped.

The problem here is that interest, desire to serve, compassion—cannot be standardized, cannot be pre-measured, cannot be commanded into existence. The seed can be planted, it can be nurtured and cared for, but whether or not it grows depends upon the fertility of the soil.

Counseling with the deaf, as with any disabled person, should have certain permanent, unchangeable characteristics. It must have purpose, direction and a goal. As interwoven as it might be with the total rehabilitation process, the counselor must have some constructive purpose, some sense of direction and some ultimate goals as the justification for entering into a counseling situation. In vocational rehabilitation, these might simply be: to help, as purpose; to move forward throughout the plan of services, as the direction; to secure employment, as the goal.

But rehabilitation is not that simple; the issues are not that clearly defined. It must, at times, have as part of its purpose, bringing about an understanding of the client by the counselor, acceptance of the counselor and his role by the client, bringing the client up to a point of understanding and accepting his disability —and so much more.

The direction might well include selection of a feasible and realistic vocational objective, reaching a point of social adjustment necessary to complete the plan of services, recognizing the need for and value of moving ahead in the plan one step at a time—and so much more.

The goal might well include acceptance of the necessity of working, entering into a job (any job), the completion of the very difficult task of truly selective placement, instilling the desire for achievement beyond the level of first employment—and so much more.

One could dwell at much greater length on the subject of counseling. Many volumes have already been written and are being written. In the final analysis, I do not feel that the counseling process itself need be subject to change when provided to the deaf, or to the blind, or to the epileptic, or so on down the list. The process is (again the word) basic, but for the deaf the problems vary, the skills required to communicate are mandatory, the whole background of the client produces needs unique to this disability group. Herein, I believe, lies the challenge to us who are here today—to establish standards and guidelines in counseling the deaf which will adequately serve these unique needs. The task is not a simple one, I do not have the answers; I, as you, recognize and have lived with the problems.

Placement

Over the historic years of the vocational rehabilitation movement, there seems to have prevailed, in the minds of rehabilitation counselors, the idea that placement of the client is not the responsibility of the counselor, that placement is the responsibility of the state employment office or the client himself. Nothing could be farther from the truth: the V.R.A. regulations and State plans of State V.R. agencies consistently list placement as one of the services available through the V.R. agency.

Why has there been, and continues to be, such a reluctance on the part of the counselor to provide placement assistance to the clients he serves? There are many reasons put forth: too busy with too large a case-load; no placement opportunities available; employer reluctance to hire the disabled; it is good for the client to do this himself; or, that is what the employment office is for. I can accept any or all of these reasonings only up to a certain point. But beyond this point, I believe this reluctance can be traced back to a fear of the unknown, an unwillingness to attempt that with which one is not familiar, about which he has very little knowledge and for which he has little or no particular skill. The placement of the disabled person is almost totally left out of the curriculum in graduate training in rehabilitation counseling.

Fortunately, this reluctance is less prevalent in counselors specialized in working with the deaf. This is perhaps due to the fact that these counselors recognize the tremendous need the deaf have for assistance in getting a job, recognize the tremendous barriers placed before the client due to his communication problems—and he is willing and eager to help the deaf in this respect.

Placement of the disabled, the severely disabled, is possible: it is being accomplished everyday. Within our own agency, two placement people devoting only part time to this new program, have placed over 160 mentally retarded clients within Federal employment as of April 1, 1966. This has been accomplished in slightly over a year's time and, incidentally, puts Illinois number one in the nation for this particular program.

I use this example simply to illustrate that the placements can be made, that there is one essential ingredient—work. Not excuses, not rationalizations, not sour grapes—but, pure, unadulterated work. The same holds true with placement of the deaf—it can be accomplished, but it requires work.

Generally speaking, there are three types of placements: placement in a job, commensurate with the client's ability and training; placement in a job which offers advancement opportunities to jobs which will be commensurate with these abilities and training; and placement in "a job."

The first type mentioned is the ideal placement, the type of placement the conscientious counselor would hopefully strive for at all times, but there are many instances when the other two types of placements are acceptable, justifiable, and even necessary.

In considering placement activity on behalf of the deaf client, the counselor would do well to keep in mind the fact that this disability group presents characteristics and problems which are not found within the general disabled population. True enough, placement should be made on the basis of past work experience, educational level achievement, training, social adjustment, and vocational aptitudes and interests. But a good placement, an ideal placement, would have taken into consideration some or all of these additional differences:

1. To what extent is communication needed on the job?
2. To what degree can the client's communication skills meet the communication needs of the job?
3. To what degree, if any, do the supervisor and fellow workers have an interest in learning to communicate with the deaf worker by his method?
4. To what degree is the deaf client willing and able to attempt to learn new communication skills demanded by the job?

> 5. How many other deaf persons work in the facility? (It is nice to have a few, but can be very dangerous to have too many.)

There are numerous others that could be listed, but I wish to give only one more which I feel is very important:

> 6. Job Readiness. Is the client actually ready for a job—educationally, vocationally, socially, and PSYCHOLOGICALLY?

The general casework counselor, attempting to place a deaf client, would more than likely not have the background which would prompt him to give consideration to many of these factors. The specialized counselor for the deaf, although expected to have the background, oftentimes fails to give due consideration to them.

It is in this broad area, the characteristics and requirements of a good placement, that I feel we are grossly inadequate and where considerable attention should be given regarding the establishment of feasible, realistic guidelines and standards.

One more item about placement before moving on to follow-up. Periodically two questions arise: "How much placement assistance should be given and how many times should placement assistance be given?"

I'm reminded of my high school English teacher's reply when asked how long we should make our assigned theme: "Long enough to do justice to the topic."

So it is with the question of how much and how many times. It should be enough and as often as to do justice to the client in view of his needs, his abilities, his potentials, his own degree of self-sufficiency and so on. This is a matter of judgment on the part of the counselor in each individual case and I, personally, would be in somewhat of a quandary as to the establishment of standards in this area.

From the above statements the reader might receive the impression that I feel some clients deserve greater assistance than others; that I differentiate between the worth or relative value of the clients. Maybe this I do; if so, I hope I won't be too sharply criticized. I do feel that some deserve *and need* greater assistance than others and that some, because of their potential value to mankind, should be given some additional considerations in finding their proper places in society. By no means, however, do I imply that those with lesser potentials should be overlooked or cast aside.

Placement of the deaf:

1. Is presently at an inadequate level of development;
2. Too often "sells the deaf client short";
3. Requires work, understanding, and a certain amount of skill;
4. Receives far too little attention from V. R. programs;
5. Is grossly understaffed;
6. Is possible;
7. Is highly gratifying to the individual who succeeds in consummating it.

Follow-up

The uniqueness of the characteristics of deaf individuals is such that, of all disability groups, they rank near the top in their need for effective follow-up once the placement has been made. Any way that you look at it, any way that you try to compare, the deaf are different from the "hearing." These differences must be recognized, they must be kept in mind whether we are serving them in rehabilitation, training them, or developing standards for working with them.

These differences are multifold and I believe you are all familiar with them; therefore, I won't go into any listing of them. The cumulative result of these differences, however, in many cases is the fact that the deaf who lose suitable jobs do not lose them because of their inability to get along with other people on the job.

One might argue that this statement could be true for the general population; yes, indeed, it could, but it is more appropriate and more predominant with the deaf worker than with other disability groups.

Time after time, I have seen good deaf workers fired from good jobs for reasons which are not understandable unless you understand the total background of the deaf: stopping to eat lunch when he became hungry rather than waiting for the official lunch hour; occupying someone else's "paid-for" parking spot with rationalization, "Well, he wasn't here"; walking away from the job when it appeared that someone was talking about him or reprimanding him.

You are all familiar with these and other such instances; you understand why they happen in light of the background and differences of the deaf. But the employer, the co-worker, society does not have that understanding.

It is not the purpose of this workshop to explore the inadequacies of home training, educational programs, society acceptance or the other facets of this complex background of the deaf.

But it is the purpose of the workshop to examine this matter of follow-up and to arrive at whatever standards might seem advisable. The discussion in the preceding paragraphs, then, is not intended to be one of criticism of a variety of disciplines, but rather to point out the possible precariousness of a placement of a deaf client, why it is in danger and how vitally necessary it is that proper follow-up be a routine part of the counselor's obligation to the deaf client—even more so than with other disability groups.

What should be the nature of this follow-up? Ideally, it should include talking to the client on the job, talking with his supervisor and fellow workers, and discussing his employment and future needs with his family. It could also explore possible ways of improving his work and work habits, investigating future opportunities with the company and planning for self improvement to qualify for these advancements. Of equal importance, I feel, it should include general conversation, just to let the client know that the counselor is still interested in him and that assistance is available should he need it.

Are there possible areas for establishment of standards in the above? I don't know; I will let you participants decide. But I do know, or rather feel, that follow-up services to the deaf are not all that they should be. All too often they don't place at all, or if they do, a call to the employer to see if the client is still working is all that takes place.

Room for improvement? Indeed, yes. Room for standards? I would certainly think so.

It is difficult, indeed, to write such a paper dealing with three activities as diversified and complex as counseling, placement and follow-up—trying to maintain some sort of logical sequence in thought and presentation and, at the same time, trying to present something which will be of some help to you in your week's work. I hope I have been at least partially successful.

PROVISION OF SERVICES—A CRITIQUE

Don G. Pettingill

Mr. Troop has given an excellent paper, one with which it is difficult to find fault. I especially like the way he "limits" his subject to three things: counseling, placement, and follow-up. When I first read his paper, I put it aside and relaxed, but I have since realized that probably 75 or 80 percent of casework standards in counseling with the deaf could be listed under those three steps.

Before proceeding on some thoughts of my own, I would like to emphasize several of Mr. Troop's excellent points.

I think Mr. Troop has hit on one of the basic weaknesses of most programs for the deaf when he cautions against establishing standards that could do more harm than good. It seems to me that once rules or guidelines are established in any phase of work with the deaf, it is difficult and disheartening to try to change them. Persons in charge of any program must justify the job they are doing, and when pressure for changes starts to mount, they always have a few favorite examples of their outstanding successes. Sometimes the wrong people with the wrong understanding of the deaf and their problems, or the wrong personal ambitions or objectives, get control of the programs. To use one of Mr. Troop's thoughts, I don't know how it happens, but it does. I don't know the reasoning behind it; I do know I have seen it happen.

Mr. Troop used an excellent example when he compared casework standards to alcohol. It is also comparable to holding power like you would an egg. Hold it too tightly and you break it; too loosely and you lose control of it and drop it.

There is danger that casework standards could parallel the situation in the field of education, where educators often allow themselves to become obsessed with theoretical possibilities. The success of a few outstanding deaf students blind them to the actual results which seem to doom the majority to become second, and even third class citizens.

The "hearing world" continually evaluates the success or failure of the products of their schools. They strengthen or change any weaknesses which do not produce the desired results. I can't see why some of our own educators of the deaf cannot start taking a second look at the adult deaf.

We must not make this mistake here. We must not lose control of our program to theorists who might misinterpret our intentions. We must be sure that we somehow make absolute provision to provide for a constant review of the casework standards we establish. We must always keep the welfare of the deaf client foremost in mind, and be willing to strengthen, change or completely do away with any standard that confuses more than it clarifies. Let's never forget we are in this game to help restore handicapped people to *self-supporting*, tax-paying citizens, for *their* sole benefit, not ours.

It took us generations to get Congress interested enough to conduct an investigation into education of the deaf, and they tell us what the deaf already know: "The American people have no reason to be satisfied . . ." At present, the Texas Legislative Council is also conducting a study of the deaf and their problems in Texas. The chairman of the committee told me, "We must do it right this time. It may be a long, long time before we ever have such an opportunity again." As a member of the five-man advisory committee to the legislators I can tell you these men and women are becoming appalled at the mess made eight years ago when the Legislature at that time shot-gunned a stop-gap "County-Wide Day School" law. The State has lost control to the county independent school districts, who have made their own interpretation of the law and have done as they pleased.

So let's do it right! It may be a long time before we have another such opportunity! The casework standards we set up must be reasonable, workable, *sensible!* They must, as Mr. Troop points out, benefit the deaf, but also allow the counselor certain latitude and flexibility.

It seems that we can never get very far away from the most elementary and vexing problem . . . communication. It continually is mentioned in Mr. Troop's paper, just as it will be in mine, just as it will be throughout this workshop, at all levels. The pure oralists claim they have the answers: Redouble efforts to teach the deaf to speak and read lips in order for them to function normally in a normal world. Even if it were possible to do that, these pure oralists cannot seem to show us how to stop being different or to get the normal world to accept us as such. They refuse to concede that although the blind have no communications problems, they are still a society within a society, simply because they, too, are different.

We should be sure here that we establish certain standards of communication between the client and the counselor. At least the counselor is directly concerned with the deaf client, and it is his job to understand, and to be understood! Let us not concern ourselves with the impossible task of finding ways to get the 200,000,000 normal people to accept or understand the deaf. Few have either the time, empathy, or the desire.

So, the very first step in setting up casework standards that will benefit the deaf as well as allow the counselor certain latitude and flexibility is, to my way of thinking, to standardize qualifications and requirements of counselors to the deaf rather than to standardize the standards. If the applicants for counseling jobs know precisely what is required of them, it will weed out many who just aren't qualified. Such a standard of qualifications would also assist State directors when they screen applicants and prevent them from innocently trying to put a square plug in a round hole. And proper counselors with proper skills and understanding of the deaf would naturally make casework standards of secondary importance anyway. Communication is at the very top of my list of prerequisites. Not just the ability to fingerspell or make a few signs, but to "get through" to the client. Mr. Troop says successful counseling means that *effective* communication be established, and almost apologetically points out that he knows it is fundamental. It seems, however, that busy State directors and area supervisors often do not even pause to consider this elementary fact where the deaf are concerned.

The deaf themselves often unintentionally confuse the facts. Mr. Troop says the average general counselor would not be able or *expected* to establish rapport with the deaf client. The deaf client knows this, and where there is no specialist to the deaf available, often does not waste time going to such a general counselor. This in turn gives the impression that everything is rosy with the deaf population, when nothing could be farther from the truth.

For instance when I first arrived in Dallas, Texas, I inquired what the percentage of deaf VRA clients was and found it astonishingly small. When I asked why, I was told the deaf apparently didn't need help because they never came around. Yet the very first year, my office serviced 136 official clients, placing over 50 on good jobs, referring 27 to VRA for training or other services, and gave personal counseling to hundreds more in the Dallas area alone.

So, we must first of all, remove the communication barriers between client and counselor! We must prove to skeptical State agencies that when the deaf have a place to go where they can get effective, understandable counseling, they will certainly do so. We must continue to interest qualified deaf men in counseling positions, and State directors in hiring them.

Counseling

Success or failure of a program for any deaf client is, I believe, decided during the first interview, and most certainly by the second or third. It is important to win the client's confidence. The first thing is to put him at ease. Show him you are interested in HIM as a person, and in his problems; that you don't condemn him for having these problems. Prove to him that you want to help him, and want HIM to tell you what he wants rather than for you to tell him outright what you think he wants. Remember, HE is your reason for being!

If you feel his desires are not realistic, or if he seems to have none, you must skillfully counsel until he argues himself into believing what you want him to believe. You must get his full confident cooperation in the first or second interview if you expect him to become a well-earned "12" via a program you plan for him. What better way is there to accomplish this than to be able to sit down and communicate with him? As Mr. Troop so aptly points out, not necessarily in the method chosen by the counselor, but any method the client can use and understand best.

One of the fallacies of many counselors is that they insist on filling out the survey blank themselves! The counselor should always let the client fill out his own survey, if at all possible, explaining that if there is anything he does not understand to just skip it and they will work it out together. Personally, I have found this to be one of the best ways to "size up" a client, his IQ, mental capacity, reading ability, understanding of application blanks, and if a parent or friend is with him, to what extent he depends on them. Much can be learned from having the client fill out his own survey, or as much of it as he can. I know one counselor who worked with a deaf client for three months before he realized the client couldn't read or write. Always he worked through a third party. Counselors tell me, when I question their methods, that it takes too long, gets too complicated, and there is no real advantage to it. They don't stop to realize it often takes a whole lot longer to re-rehabilitate the client after the wrong kind of program, or to break down the wall of misunderstanding and misinterpreting which too often results from shotgun operations.

A high percentage of counseling with the deaf is on personal and social adjustment problems. This is necessary before you can even think of placing them in training or on a job. Initial attention to this phase will often prevent drop-outs, failures, or an uncooperative client. If he has other problems besides his deafness, how can you expect him to concentrate on training, especially when he isn't earning anything during that time. How are you going to be sure he will make anything during that time? How are you going to be sure he will make a good employee if he is plagued with marital problems? Or he may be suspicious, lazy, demanding, or any number of signs that show he is immature or just not ready or able to hold down a job. If you insist on placing this type on a "shot in the dark" job simply in order to move him and obtain a "12," you are doing both the client and the employer a great disservice. The client will surely be back for further help, a confused and perhaps disillusioned man. But the good employer friend will probably never be back, also a confused and disillusioned man! Follow-up would help, to be sure, *if* the counselor *would* follow-up, but the counselors' initial impatience with the client practically rules out any follow-up efforts.

Which all zeros in on what I said in the beginning: Casework standards should start with a list of desirable qualification of counselors. At the top of the list must be the ability to communicate . . . both ways. Second most desirable qualification in a counselor of the deaf should be pegged on EMPATHY . . . a deep understanding of what makes a deaf person tick. With these two qualities, all other problems become less frustrating or formidable!

Placement

Successful placement, too, requires a deep understanding of the deaf and their strengths and weaknesses. It requires men who are not ashamed or afraid to go out and sell the deaf to the world of work, men who are impatient with the flimsy excuses of the employer for not hiring a deaf person. It requires a full understanding of your client's abilities as well as his disabilities, and the determination to help the employer understand also. It requires the almost fatalistic attitude that there are no magical formulas for placement of a deaf client. Only pure, unadulterated work.

But that work can be in many different forms. Personally, I believe in making the client look for his own employment wherever possible, and especially after a series of counseling sessions on how to go about it. Naturally, no two clients are alike, but I want to give you a few examples and I want to emphasize what I have said many times: These are three basic classes of clients:

> The fortunate ones who need little or no help and will succeed in spite of us.
>
> The ones who CAN succeed, but are sometimes lazy, or sly enough to know that the world considers them handicapped, and will get all they can just as long as they can.
>
> The slow, unfortunate ones who will spend their entire lives fighting a grim battle of survival in spite of our best efforts to help them.

I had a deaf girl who took training in Key Punch through a regular VRA counselor, and graduated at the top of her class. However, she couldn't seem to find employment so she finally came to me for help. The first interview showed me she had too many minor objectionable traits, such as gum popping, crossing her legs with too much knee exposed, being over-dressed, using too much makeup . . . and very important, and *damaging*, pretending to understand when she did not. I didn't try to place her at once, but had her come back several times so I could gently but firmly counsel her obvious weaknesses. I also got to know her better and when I felt she was ready for employment, set up an appointment with a company I had talked to previously. She was hired and two weeks later the personnel man called and begged for three more just like her. I know that sounds easy, but a lot of honest-to-goodness counseling went into that one . . . after she got her training!

It is my personal rule rarely if ever to accompany the better clients on an interview. I stopped that long ago after I took one key punch operator to a large insurance company. Rebuffed so many times in her search for employment, she had lost confidence. The personnel man asked me bluntly, "Why did you feel it necessary to come with her? If she can do the job, she should also be able to discuss it with me herself." He told me he rarely hired an applicant if accompanied by a parent, counselor, or friend. That taught me a lesson I'll never forget. And it also made me wonder forever after just how much damage over-helpful counselors do to perfectly capable deaf job seekers. It behooves us to consider the whole situation very carefully before we accompany a client on a job interview.

In our deliberations here, I hope it is strongly recommended that a counselor REFUSE to interview a client who is obviously dirty or sloppy or both. Even if he doesn't have any respect for himself, he should have a little for you. Impress on him that if it offends you to have him come to you like that, think how a personnel man will react. If you stop him right in the beginning and refuse to work with him until he at least looks presentable, he will begin to realize the importance of good grooming.

There are many little things we must look for in our efforts at placing deaf people on jobs. First of all is motivation! If they don't have it, it is our job to try to give it to them. And the first step is to show them you don't intend to do everything for them. I had one client come in my office for days and just sit around waiting for me to find him employment. I repeatedly explained that he had to extend some effort on his own, like following up on referrals I gave him and watching the newspapers for leads. Now, this client was definitely not the low level kind and he could read and write reasonably well. With a mouthful of candy and a bottle of pop in his hand, he told me he couldn't afford to buy a newspaper. After I got through with him, he knew what he had to do and he did it . . . marched right out and was working within the week at a job he found himself.

A father brought his son in to see me regarding employment as a printer. Since they lived in a sparsely populated section of Texas, it was desirable for the boy to live in Dallas in order to find that kind of employment. I sent him on several interviews but there was always something wrong, not enough pay or some other silly excuse. Eventually I received a letter from his father asking me why he wasn't working and if there was anything he could do to help. I had noticed the boy had plenty of money, a nice car, and apparently no pressing worries about employment, so I wrote and asked the father how much money he was sending the boy. His answer was, $40 a week and more if he needed it. He was also paying the boy's gasoline bill. So, another point to consider is, "How much help or hindrance are you getting from parents?"

Even college graduates need you! Many counselors have the idea that it is enough to pay tuition and help them through college. *Not so!* Counseling on proper attitudes toward employers, how to apply for jobs, job leads, a phone call here and there to set up appointments with personnel men, along with a brief explantation on your client, and many other such services can be very helpful and encouraging to the best of clients.

The main job is to help such a client learn how to overcome the natural prejudice against hiring the deaf. To be sure, he could be, and often is, placed in the first job that comes along and closed as a "12," with the argument he can work his own way up after that. But is that doing your job properly? Is that a proper closure on a person you have helped prepare for much better things? He needs your advice and encouragement if nothing else, or he would not have come to you in the first place.

Follow-up

I have no specific suggestions on follow-up work with deaf clients other than to know your client well to be able to communicate with him, and to orient the employer when you first place the deaf person with him. Personally, I think too much follow-up discourages an employer. When I place a client I emphasize that I am as near as the telephone and if any problems arise, to call me. Usually I stop by no more than once or twice lest I give the employer the idea I have placed a "dud" in his company. If you have done a good job of counseling your client, there should not be too many follow-up problems. And obviously that requires communication and empathy!

Then too, being a deaf man myself, I have my fingers on the pulse of the deaf community and meet most of these people at the local deaf club, churches, or other social gatherings. That kind of follow-up is the very best, for you have a chance to listen to your client and counsel him right, without his employer knowing he has any real problems. That is another casework standard we should emphasize: extra-curricular community service.

The history of methods and results in work with the deaf has been shaped, I fear, by men and women who haven't had the courage to speak out. In fact, as Dr. William J. McClure of

Indiana says, it was professional suicide for an educator to openly favor even finger-spelling as recently as five years ago. I beg each one of you to speak out during this workshop. That is why you, as counselors and leaders, have been invited here. Each of you must surely have one or two pet peeves or strong opinions on various aspects of casework standards to be used with the deaf. Speak out . . . now!! You may never have such an opportunity again!!!

SUMMARY OF DISCUSSION

Gary D. Blake
Norman L. Tully

The group identified and discussed seven areas of service provided to deaf clients. They then listed problems and attempted to set ideal casework standards for the seven areas. Finally the group submitted resolutions aimed at developing, expanding, and improving vocational rehabilitation services to the adult deaf.

It was agreed that this group should focus on standards of service rather than specific techniques for providing these services. It was felt, however, that there is a definite need for a follow-up workshop to deal specifically with the problem of implementation of these standards.

In addition to the direct services provided to deaf clients, the group also discussed the provision of indirect services which facilitate the rehabilitation process. These indirect services consist mainly of establishing and maintaining close working relationships with school and other community groups.

Areas of Service

It was recognized by the group that counseling is involved in all phases of the rehabilitation process. However, for purposes of discussion the following areas of service were identified:

1. Counseling
2. Evaluation
3. Physical Restoration
4. Training
5. Placement
6. Follow-up
7. Ancillary

Casework Standards

A. *Counseling*

Ten basic areas of counseling with the deaf were identified. These are:

1. Marital and family
2. Psychological—psychiatric
3. Vocational
4. Avocational
5. Personal adjustment—demands of daily living
6. Medical—audiological
7. Legal
8. Educational
9. Religious
10. Orientation to community resources

It was felt that the intensity of the counselor's involvement in these areas was dependent upon his own ability and the severity of the client's problem. The counselor must recognize the point at which a referral should be made.

The standards of counseling were as follows:

1. There should be trained specialists to work with the deaf. These specialists should possess (a) thorough knowledge of deafness and its implications, and (b) be personally familiar with deaf persons.

2. There should be meaningful receptive and expressive communication between the counselor and client.

3. The vocational rehabilitation age restriction should be amended to allow counseling services to begin prior to age 16.

4. Care should be taken so as not to lose rapport with the client during the referral process.

5. Counselors should work more closely with other community groups. It was suggested that counselors work with parent groups, civic clubs, industrialists, labor unions, professional organizations and similar groups.

6. Counselors should develop a close working relationship with schools for the deaf. It was felt that vocational rehabilitation counselors are the best source of providing "feedback" to the schools regarding the adult deaf. The school can also provide the counselors with valuable background information.

7. Counselors should remain in close contact with the adult deaf community. It was felt that this was vital in gaining confidence and support from deaf adults. This will assist the

counselor in developing a greater understanding of the needs and problems of deaf persons.

8. The counselor should share with the client pertinent information about himself in a way he is capable of understanding and using constructively.

9. The counselor should keep in mind that each deaf person has unique problems and should avoid any type of stereotyping.

B. *Evaluation*

1. It should be the prerogative of the counselor whether or not to purchase a hearing aid, provide lip reading instruction, and other audiological services after consultation with the specialist.

2. Only professional evaluators experienced with the deaf should be utilized, for hearing aid, lip reading, and speech therapy evaluations.

3. The counselor should confer with the audiologist personally before purchasing a hearing aid.

4. Decision as to specific aid to be purchased shall be based on the recommendation of a professionally qualified hearing center.

5. It is imperative that the team approach be used in the evaluation process. The counselor should be responsible for coordinating this activity.

6. The counselor should develop a sound working relationship with audiologist, speech therapist, and hearing and speech center personnel.

7. Counselors should have special training in interpreting evaluation data.

8. Client should not be denied other services for refusal to use a hearing aid.

C. *Physical Restoration*

1. The counselor must insure that there is adequate communication between the medical person and the client.

2. The counselor should retain the prerogative to make final decisions regarding physical restorative services, after consultation with the specialist.

D. *Training*

1. Extreme care should be used in selection and use of local training sources to insure adequate training.

2. Counselors should provide "feedback" to schools concerning training problems encountered by former students.

3. Contracts with employers for OJT for deaf clients must be written to insure successful training. Counselor should follow-up to be sure contract is effected.

4. In the training situation, consideration should be given to the provision of interpreters/note-takers (depending upon the mode of communication required by the deaf client) when the subject matter entails a great deal of oral lecture or explanations on the part of the instructor.

5. Funds should be provided to support the client's family during the training period.

E. *Placement*

1. The VR counselor's relationship to State and Federal Civil Service should be one of assuring the agencies that the client has the basic skills to perform the job for which he desires an appointment. Educating the agency to the skill of the client should lead to a request of the waiver of verbal aspects of the testing procedure that prevent the client from qualifying. Overcoming the discrimination existing towards the deaf on the part of Civil Service agencies should be based on a thorough educational program that points out the abilities of the deaf person despite his verbal limitations. Civil Service examiners have proven their interest in cooperating in this area and the VR counselor should encourage broader leeway of tests in other skilled positions.

2. To combat the problem of underemployment among the deaf, vocational rehabilitation agencies should make every effort to place a deaf client according to his highest potential as determined by the evaluation.

3. The counselor has a responsibility to provide "feedback" to schools and to provide adjustment training for clients when deemed advisable.

4. The counselor should set and interpret minimum standards of appearance and behavior which the client will encounter in vocational conditions.

5. The counselor must be aware of the demands of the labor market.

6. Counselors should make every effort to eliminate industrial testing programs and medical requirements which tend to discriminate against the deaf.

7. Counselors should attempt to place clients in geographical locations in accordance with the client's wishes.

8. The counselor should recognize the importance of gaining the full cooperation of the client's family in supporting the rehabilitation plan.

9. Every effort should be made to inform the public regarding the capabilities of deaf workers.

10. Counselors should provide school with "feedback" which will help in educational planning.

11. Efforts should be made to determine and resolve union requirements which tend to discriminate against the deaf.

12. Deaf clients must be provided information and guidance which will assist them in seeking and retaining employment.

F. *Follow-up Services*

1. Follow-up should be made to determine "successful" placements.

2. Sufficient time should be allowed for adequate follow-up.

3. Every case should be followed up. Time taken here will lead to lasting placements and open the door for future placements.

4. Follow-up information should be fed back to schools.

5. Follow-up should include contact with (a) the client and his supervisor on the job, and (b) his family to ensure their cooperation.

G. *Ancillary Services*

1. The counselor should assume the lead in establishing good relationships between the school and DVR.

2. New counselors should be provided with a qualified interpreter until such time when they are fluent in manual communication.

3. The counselor should maintain a list of qualified interpreters and tutors and should make efforts to recruit these personnel.

4. The Registry of Interpreters for the Deaf should be contacted when interpreters are needed.

5. Adequate fees should be provided for interpreters and tutors.

Resolutions

1. Recognizing the specific communication problems of the deaf, it is recommended that a full time DVR specialist for the deaf be employed on the State level responsible directly to the State administrator. The counselor's duties would be to plan and coordinate rehabilitive activities for deaf clients.

2. It is recommended that there be less emphasis on closures and more emphasis on quality services to deaf persons to assist them in achieving maximum job capabilities.

3. The removal of any Federal or State restrictions which prevent training, retraining, or upgrading the deaf client to more suitable employment is recommended.

4. To combat the problem of underemployment among the deaf, vocational rehabilitation agencies should make every effort to place deaf persons on the basis of their fullest potential following a comprehensive evaluation.

5. The counselor's relationship to State and Federal Civil Service should be one of assuring the agencies that the client has the basic skills to perform the job for which he desires appointment. Educating the agency to the skills of the client should lead to a request of the waiver of verbal aspects of the testing procedure that prevents the client from qualifying. Overcoming the discrimination existing towards the deaf on the part of Civil Service Agencies should be based on a thorough educational program that points out the abilities of the deaf client despite his verbal limitations. Civil Service examiners have proven their interest in cooperating in this area and the VR counselor should encourage broader leeway of tests in other skilled positions.

6. It is recommended that each State re-evaluate and realistically liberalize the antiquated financial restrictions that proscribe the use of certain cost services by many deaf individuals.

7. Due to the problems involved in servicing the deaf it is recommended that the counselor of the deaf not be expected to serve as many cases as the general counselor. In metropolitan areas it should be approximately ⅔ of the general caseload and not to exceed a maximum of 70 cases. In the rural area the counselor should work with a maximum of 50 cases. For counselors with mixed caseloads the number of clients should be adjusted accordingly.

APPENDIX A. ORGANIZATION OF PROFESSIONAL WORKERS FOR THE ADULT DEAF

At the Workshop on Rehabilitation Casework Standards for the Deaf, the participants, after several meetings and much discussion, organized and established an association to be known as Professional Rehabilitation Workers for the Adult Deaf. Such an organization had been in the discussion stage for a number of years, but lack of numbers of qualified persons and lack of a means of meeting together had delayed the establishment of the group. The workshop in St. Louis was attended by many people interested in such an association and afforded them the opportunity to organize.

Two hours at the close of the workshop sessions on Monday, May 23 were allotted to speakers to explain the background and purposes of the proposed organization. Copies of the proposed bylaws and other material were distributed to the workshop participants. The participants had two days in which to read the material and discuss the proposed organization informally. A second meeting was held on the evening of Wednesday, May 25 to (1) determine the desire for the establishment of the organization, (2) elect a slate of officers, and (3) discuss and adopt a set of bylaws. The participants felt there was a great need for the proposed organization and voted overwhelmingly to establish it.

The following officers and committees were elected by the participants at the meeting on the establishment of the organization:

President

James H. Whitworth, Director
Evaluation Center for the Deaf
Cave Springs, Georgia

First Vice President

Robert R. Lauritsen
Consultant for the Deaf and Hard of Hearing
Minnesota Department of Education
Division of Vocational Rehabilitation
1821 University Avenue

108

180 Griggs—Midway Building
St. Paul, Minnesota

Second Vice President

Geno M. Vescovi
Counselor of Deaf Adult Project
Morgan Memorial Rehabilitation Center
927 Washington Street
Boston, Massachusetts

Treasurer

Albert T. Pimentel, Psychologist
Tennessee School for the Deaf
Post Office Box 886
Knoxville, Tennessee

Secretary

William E. Woodrick, Director
Vocational Rehabilitation
Administration Orientation Program
College of Education
University of Tennessee
Knoxville, Tennessee

Board of Directors

Gary D. Blake, Specialist
Services to the Deaf
Hot Springs Rehabilitation Center
Hot Springs, Arkansas

Richard K. Johnson, Administrator
Program for the Deaf and Hard of Hearing
Lapeer State Home and Training School
Lapeer, Michigan

Alan B. Jones, Administrator
Special Services
Pennsylvania Board of Vocational Rehabilitation
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Harrisburg, Pennsylvania

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515 Van Ness Street
San Francisco, California

Editor

Roger M. Falberg, Director/Counselor
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24th and Cherry Street
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Membership Committee

Douglas J. N. Burke, Supervisor
Unit for the Hearing Impaired
Government of the District of Columbia
Department of Vocational Rehabilitation
1331 H. Street, N.W.
Washington, D.C.

Virginia Lewis
39 Tod Lane
Youngstown, Ohio

Don G. Pettingill, Director
Counseling Services for the Deaf
Callier Hearing and Speech Center
3819 Maple Avenue
Dallas, Texas

Membership applications may be obtained by writing to the Secretary:

William E. Woodrick, Director
Vocational Rehabilitation
Administration Orientation Program
College of Education
University of Tennessee
Knoxville, Tennessee 37916

The participants in the meeting discussed at length, amended, and finally adopted a proposed set of bylaws. The revised set of bylaws which was adopted has been brought up to date as follows:

Bylaws as Amended April 1972

ARTICLE I—NAME

Sec. 1: The name of this Organization shall be "Professional Rehabilitation Workers with the Adult Deaf, Inc."

ARTICE II—PURPOSES

Sec. 1: The purposes of this Organization shall be: (1) To promote the development and expansion of professional rehabilitation services for the adult deaf; (2) To provide a forum and a common meeting ground so that the Organization may be instrumental in bringing about a better understanding of deaf people as a whole by encouraging students, professional persons and laymen to develop more than a superficial understanding of the needs and problems of this group—especially the problems related to communication techniques needed to work effectively with the adult deaf in a rehabilitation setting; (3) To promote and encourage scientific research of the needs and problems engendered by deafness which inhibit in important ways the successful overall functioning of a deaf person; (4) To promote and develop recruitment and training of professional workers for the deaf; (5) To sponsor a professional publication for the promotion of inter- and intradisciplinary communication among professional persons primarily concerned with deaf adults and others interested in such activities; and (6) To cooperate with other organizations concerned with deafness and rehabilitation of the deaf and with allied services in promoting and encouraging legislation pertinent to the development of professional services and facilities for the adult deaf.

Sec. 2: The word "Professional" is herein construed to mean any person who devotes a substantial part of his time providing rehabilitation-oriented services, administration, research or training in behalf of deaf adults.

The disciplines of rehabilitation, education, psychology, social work, audiology, speech therapy and allied fields are specifically included in this definition.

Sec. 3: The phrase "adult deaf" is herein construed to mean any person whose hearing (with or without amplification) is nonfunctional for everyday use, who has attained the age of 16 and who is no longer a full-time pupil in any private or public school for the deaf; however, full-time attendance in a vocational or other training program in such a school is included in this definition.

Sec. 4: This organization shall be non-profit and non-political. No activities shall be undertaken for the individual profit of any of its officers and members; and no alliance, financial or otherwise, shall be made with any political party or any candidate for political office.

ARTICLE III—DUTIES AND RIGHTS OF MEMBERS

Sec. 1: Membership in this organization may be Regular, Honorary, Student, or Retired.

Sec. 2: a. Regular membership shall be available to any person who has an interest in and who supports the general aims and purposes of the PRWAD and who is engaged in activities that contribute to the rehabilitation of deaf adults.

b. Regular members shall be eligible to make motions and vote, to serve on committees, and to hold office in the organization.

Sec. 3: a. The creation of sections composed of PRWAD members who have common special interests shall be authorized by the Executive Board on recognition of need by the Board or in response to an application to the Board from members desiring to establish a Section. Areas of special interest that would justify a Section are (for example): Audiology and Speech Pathology, Community Work, Education of Deaf, Interpreting, Law, Medicine, Parentage, Personnel Training, Prosthetics, Psychology Rehabilitation Counseling, Religion, and Social Work.

b. The purposes of such Sections are: to facilitate the interchange of specialized ideas and concerns, to establish standards for Section membership, to recommend guidelines for delivery of services, to aid in PRWAD membership recruitment, and to disseminate information on matters of mutual concern.

c. The members of each Section shall elect their own Chairman and any other officers that may be necessary. The Section Chairman, in addition to having the usual duties of such an office, shall also serve as official liaison representative to the Board and to the membership as a whole. Subject to Board approval, any Section may assess special dues to meet Section expenses. Board approval is not necessary for the calling of Section meetings, the establishment of criteria for Section membership, or other similar intra-Section activities. However, the Board shall be kept informed of all such actions. The Membership Committee (Article VII, Sec. 1) shall be notified of the requirements for Section membership once such criteria are established and shall be informed of any subsequent additions, deletions, or alterations thereto. Each Section shall have free use of the PRWAD Newsletter for the circulation of information to Section members. A committee, so appointed, of the members of each Section must approve or reject the application of PRWAD members for Section membership. No action of any Section may be in conflict with the current By-Laws of the Organization.

Sec. 4: Dues for Regular membership shall be $15.00 per year. Membership begins on July 1 of each year. Dues may not be prorated and shall include a subscription to the Organization's publications.

Sec. 5: Honorary membership may be awarded to any Regular Member who has made an outstanding and lasting contribution to the development and/or extension of professional rehabilitation services to the adult deaf. Such membership shall continue for the lifetime of the recipient, and may be awarded only by two-thirds vote of all members registered at a regular conference. The award shall be commemorated by a suitable certificate. Not more than one honorary membership may be awarded at any single conference. Honorary members shall have all the privileges of Regular Members outlined in Section 4 of this Article, except that no dues or registration fees shall be assessed Honorary Members.

Sec. 6: Retired persons and students in graduate or undergraduate college programs shall be entitled to membership upon payment of one-half the dues of regular membership. Student and retired members shall be entitled to all publications provided regular members, full voting privileges, and shall be entitled to serve on committees.

ARTICLE IV—OFFICERS

Sec. 1: The officers of this Organization shall be a President, First Vice-President, Second Vice-President, and Secretary-Treasurer.

Sec. 2: The duties of the President shall be to preside over general conferences of the organization and over meetings of the Executive Board; to appoint chairmen and members of special and standing committees as set forth elsewhere in these By-Laws; to issue calls to conference through the Organization's official publication and/or by any other means he may deem advisable; and to generally administer and enforce these By-Laws. He shall be an ex-officio member of all committees except the Nominating and Elections Committees.

Sec. 3: The First Vice-President shall assume the duties of the President in the latter's absence. In the event the Presidency is vacated he shall assume the office. He shall ensure that interpreters skilled in the language of signs are available at all general, section, or panel meetings during conferences. Should a deaf person or persons be elected to the Executive Board, the First Vice-President shall be responsible for obtaining interpreters for Board Meetings. Preference, where possible should be given to interpreters who are registered with and/or accredited by the Registry of Interpreters for the Deaf. The First Vice-President shall also act as a member of the By-Laws Committee.

Sec. 4: The Second Vice-President shall be the Chairman of the PRWAD Conferences Committee. He shall submit copies of the proposed agenda to the Executive Board for its approval at least 90 days prior to the date of the Conference, and subsequently notify the membership of the approved agenda at least 30 days prior to the Conference.

Sec. 5: The Secretary-Treasurer shall transcribe minutes of the business meetings of the Executive Board, at Conferences, and carry on general correspondence of the Organization. He shall prepare a financial statement of all liabilities and assets of the Organization prior to Conferences.

Sec. 6: The term of all officers shall be for two years, beginning July 1 of the biennium and ending June 30 of the biennium.

Sec. 7: In the event of a vacancy in any office except the Presidency, a successor shall be elected to serve the remainder of the term by majority vote of the Executive Board within sixty (60) days after the vacancy occurs. Election may be by mail ballot and shall be conducted by the Secretary or, should the office of the Secretary be vacant, by the President.

a. The PRWAD Board shall, by majority vote, have the authority to declare vacant the office of any officer who fails to discharge the duties of his office. Before initiating such an action, the Board must notify the person involved of such impending action and offer him the opportunity to present his reaction to the proposal. Lack of reply within 30 days to this offer shall be tantamount to acceptance of the vacancy declaration should it be approved.

ARTICLE V—EXECUTIVE SECRETARY

Sec. 1: An Executive Secretary shall be appointed by the voting members of the Executive Board.

Sec. 2: The Executive Secretary as the operating officer of PRWAD will function with the authority and under the direction of the Executive Board. He will be a non-voting member of the Executive Board. The Executive Secretary will make quarterly reports covering all current items of significance to the PRWAD Executive Board. The report for the fourth quarter in any year shall be concurrent with an Annual Report to be prepared for distribution to the Board and to the membership. His annual report will recount all activities of import and, under the supervision of the Secretary-Treasurer, present a detailed accounting of PRWAD fiscal affairs.

Sec. 3: In order that the Executive Secretary may function adequately to serve PRWAD, he shall have the following authority:

a. Signature Authority: Within fiscal limits specified by the Executive Board the Executive Secretary will be empowered to sign all communications, fiscal and official papers which, in his judgment, do not conflict with Board policies, PRWAD objectives, and Grant obligations.

b. Obligation Authority: The Executive Secretary will have authority to obligate PRWAD or Grant funds for purchase of equipment, supplies, personal and non-personal services, travel, utilities and facilities. Any limits imposed are set by Board-approved budgets.

ARTICLE VI—EXECUTIVE BOARD

Sec. 1: There shall be an Executive Board consisting of all officers of the organization plus four (4) Board members and the immediate Past President. The editors of the *Journal of Rehabilitation of the Deaf*, the *Newsletter*, the Publications Business Manager, and the Executive Secretary shall be non-voting members of the Executive Board with the privilege of attending all its meetings.

Sec. 2: All voting Board Members shall be elected to four-year terms, such terms to begin July 1 of the biennial year.

Sec. 3: No voting Board Member shall succeed himself.

Sec. 4: In the event of a Board vacancy, with the exception of the Presidency, between elections, the Executive Board shall elect a replacement for the duration of the term. Replacements may be elected for a subsequent term.

a. The PRWAD Board shall, by a majority vote, have the authority to declare vacant the office of any officer who fails to discharge the duties of his office. Before initiating such an action, the Board must notify the person involved of such impending action and offer him the opportunity to present his reaction to the proposal. Lack of reply within 30 days to this offer shall be tantamount to acceptance of the vacancy declaration should it be approved.

Sec. 5: It shall be the responsibility of the Executive Board to determine the date and site of regular conferences; to determine policy matters of the Organization between conferences; and, in general, to act for the membership between conferences. None of its actions, however, shall overrule, contradict, or render ineffective any action taken by any regular conference as a whole. The Organization will have a conference at least once during the biennium.

Sec. 6: It is desirable for the Executive Board to meet at six-month intervals between conferences. Until such time as this is feasible, the Board shall meet on the call of the President, who shall convene such meetings at his descretion or upon the written request of three Executive Board Members.

Sec. 7: Five voting members of the Executive Board shall constitute a quorum at Board meetings.

Sec. 8: It is desirable, if the financial status of the Organization permits, that all officers and members of the Executive Board be reimbursed for all necessary expenses incurred at conferences or at meetings of the Board including travel expenses.

Sec. 9: For the purposes of efficiency, economy, and convenience of communication, only members of the Executive Board shall be eligible for selection or election as an official representative of PRWAD to another Organization.

ARTICLE VII—ELECTIONS

Sec. 1: The election of Officers and Baord Members of the Organization shall be by mail balloting carried out in the following manner: (1) At least six months prior to the beginning of a new term, the Nominating and Elections Committee shall distribute a ballot to the membership by mail. This ballot shall include two nominees for each office to be filled. The ballot shall also include provision for a write in vote for each office. (2) The membership shall mark and return its ballots to the Executive Secretary of the Organization within thirty (30) days. (3) If no nominee for a vacancy obtains a majority of the votes so cast, the Nominating and Elections Committee shall conduct a run-off election between the two nominees polling the most votes for the vacancy.

Sec. 2: The President and the First Vice-President shall not be eligible for a second consecutive term in the same office. Other officers may be eligible for no more than two consecutive terms in the same office.

ARTICLE VIII—STANDING COMMITTEES

Sec. 1: There shall be a Membership Committee consisting of six persons appointed by the President. Such appointments shall be subject to the approval of a majority of the Executive Board. The committee shall elect two co-chairmans from among its members. One chairman shall receive applications for Regular membership from the Secretary and circulate them among his sub-committee members for consideration. The Chairman shall then inform the Secretary of the decision of the committee as a whole. The second chairman, together with his sub-committee members, shall be responsible for promoting membership. Following approval of an application for membership, the Committee shall review the information contained in the membership application and advise the new member of the Section or Sections for which he would appear to be qualified, (see Article III, Sec. 3). It will then be the privilege of the member to contact the proper persons for admission in the Section(s).

Sec. 2: There shall be a standing By-Laws Committee consisting of three members of the Organization appointed by the new President at the close of each Conference to serve through the next Conference. The First Vice-President shall be a member of this committee. The committee shall elect its own chairman. All amendments to these By-Laws shall be submitted to the Chairman in accordance with Article XI, Section 1. During the Conference, the committee shall report upon all amendments properly submitted. The Regular members present shall then act upon the reports. None of the members of this committee, with the exception of the First Vice-President and the President, who is an ex-officio member, shall be members of the Executive Board.

Sec. 3: There shall be a Nominating and Elections Committee consisting of five members elected by the Executive Board. The Secretary of this Organization shall serve as the non-voting Secretary of the Committee. This Committee shall be responsible for conducting the elections as set forth in Article VII, Section 1 of these By-Laws. The committee shall elect its own chairman.

Sec. 4: The Executive Board shall appoint: the editors of any and all PRWAD publications, Editorial Advisory Committees, and a Publications Business Manager. A majority vote shall be required for the selection of such appointees and a two-thirds majority vote be required for revocation of such an appointment.

ARTICLE IX—CONFERENCES

Sec. 1: The Organization shall meet at least once during each biennium after July 1, 1967, on such dates and at such a place as may be determined by the Executive Board.

Sec. 2: The purpose of such conferences shall be to stimulate the membership towards the objectives of the Organization as set forth in Article II, Section 1, of these By-Laws, to promote professional growth among the members, and to conduct the business of the Organization as a whole.

Sec. 3: A simple majority of the Regular members registered for the conference shall constitute a quorum for the business sessions of the conference.

ARTICLE X—RULES OF ORDER

Sec. 1: The rules contained in "Robert's Rules of Order, Revised" shall govern the Organization in all cases to which they are applicable, and in which they are not inconsistent with these By-Laws.

ARTICLE XI—AMENDMENTS

Sec. 1: These By-Laws may be amended upon vote of two-thirds of the membership present in any business session of the Organization during conferences, a quorum being present and voting. Amendments must be submitted by Regular Members to the chairman of the By-Laws Committee 90 days prior to the next conference. He, in turn, shall cause these amendments to be published and mailed to all Regular Members at least 30 days prior to the next conference.

ARTICLE XII—DISSOLUTION

Sec. 1: Should the Organization be dissolved for any reason whatsoever, any balance remaining in the treasury and any other assets in its possession shall be turned over to the National Association of the Deaf.

APPENDIX B. SPECIAL PROGRAMS FOR TRAINING VOCATIONAL REHABILITATION COUNSELORS TO SERVE DEAF CLIENTS

The Vocational Rehabilitation Administration presently supplies support for programs in eight colleges and universities to provide special training for rehabilitation counselors preparing to work with deaf clients. Representatives of these programs held a special meeting at the Workshop on Rehabilitation Casework Standards for the Deaf to discuss the role the programs might play in improving and expanding rehabilitation services to deaf clients. The following pages contain the substance of that meeting.

This workshop presents striking evidence of the need for special training on the part of the vocational rehabilitation counselor in order to provide quality counseling services for deaf clients. Problems of referral and casefinding, evaluation, client training, and communication point out the need for skills additional to those required of the general counselor.

While the number of rehabilitation counselors of the deaf throughout the country is increasing, it remains unfeasible at present for some areas of the country to establish this special position, largely for lack of specially trained counselors. Accordingly, the general counselor continues to be assigned deaf clients within his regular caseload.

In addition to inservice training conducted by State vocational rehabilitation agencies with the support of the Vocational Rehabilitation Administration, the Federal agency presently supports special training programs in eight colleges and universities throughout the country, the purposes of which are fully or in part to train vocational rehabilitation counselors to work more effectively with deaf clients. Four additional programs are presently being planned. State vocational rehabilitation officials are urged to encourage counselors to take advantage of the training opportunities presented by these programs.

The depth of specialized training in the rehabilitation of the deaf should be contingent upon the extent to which the counselor has responsibility for deaf clients. It is unrealistic to expect the counselor whose deaf clients represent only three or four percent of his total caseload to spend a year or more studying in the area of deafness. It is equally unrealistic to expect a counselor to provide effective services as a rehabilitation counselor of the deaf without extensive special training.

Rehabilitation counselors who provide counseling services to deaf clients fall into four general groups. A brief description of these four groups follows, together with suggested extent of special training and a list of VRA supported programs where such training may now be received. In each instance, it is pre-supposed that the trainee already possesses the competencies of a general counselor.

(a) *General Counselor*

Unless the staff includes a special counselor of the deaf, the general counselor from time to time will probably have one or more deaf clients within his caseload. It is improbable that he will have had special training to serve the deaf client other than that obtained during his general training.

Inservice training might include a one or two day workshop designed to present an overview of the special problems of the deaf client, community resources, and other relevant information. Local resource people who might assist in the conduct of a workshop could include representatives of schools for the deaf in the area, leaders in the deaf community, and members of the staff or local university or college based training programs in rehabilitation or education of the deaf (which number approximately 50). Some States maintain a registry of such resources. A number of bulletins on deafness are available to the counselor through VRA.

(b) *Counselor who carries substantial caseload of deaf clients in addition to general caseload*

In many districts, deaf clients are referred to a particular counselor who carries all deaf clients as part of his caseload. Deaf clients may represent 15 or 20 percent of his total caseload. Intensive short term training in the rehabilitation of the deaf is clearly warranted for this counselor.

Several short term orientation programs have been developed to assist this counselor in increasing his effectiveness with the deaf client.

(c) *Rehabilitation Counselor of the Deaf* (*RCD*)

The position of Rehabilitation Counselor of the Deaf has been created in many States. One or more specialists may serve deaf clients throughout the State or in the more densely populated areas of the State. Some have been attached to schools for the deaf. While the short term orientation programs indicated in (b) will assist the specialist greatly, more extensive training is desirable, extending over a full year or more within a degree program. Several VRA supported training programs provide such training at the graduate level.

(d) *State Coordinator or Consultant on Rehabilitation of the Deaf*

Several State vocational rehabilitation agencies coordinate their State rehabilitation services through a specialist in rehabilitation of the deaf at the State level. This specialist may consult with local agencies and counselors on deaf clients, conduct workshops, and perform other functions to improve rehabilitation services to deaf clients. This key person should have the opportunity to extend his competencies in the rehabilitation of the deaf beyond those of the Rehabilitation Counselor of the Deaf, and beyond the Master's degree level.

In order to reduce the financial burden on students who wish to participate in training programs which extend over an academic year or more, the Vocational Rehabilitation Administration has made it possible for a number of training programs to award substantial stipends and waiver of tuition and fees to successful traineeship applicants. Support is also available to successful applicants in a number of short term training programs.

Further information on each of the following programs, which offer training in preparation for one or more of the above functions, may be obtained through the programs themselves or through the Vocational Rehabilitation Administration. At present these programs are:

New York University, New York
Oregon College of Education, Salem, Oregon
San Fernando Valley State College, Northridge, California
University of Arizona, Tucson, Arizona
University of Pittsburgh, Pittsburgh, Pennsylvania
University of Tennessee, Knoxville, Tennessee

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